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FELLOW:

AMERICAN PSYCHIATRIC ASSOCIATION
AMERICAN COLLEGE OF MENTAL HEALTH ADMINISTRATION

October 16, 2018

Ms. Kacie Weston, Esquire
Assistant United States Attorney
U.S. Department of Justice
555 4th Street, N.W.
Washington, D.C. 20530

Re: United States v. John Hinckley, Jr., (Case Number 81-306) PLF))

Supplemental Independent Forensic Psychiatric Evaluation
of John W. Hinckley, Jr.

Dear Ms. Weston:

Introduction

This Supplemental Report is based on my independent forensic psychiatric evaluation of John W. Hinckley, Jr. in the above referenced matter. It is intended to serve as a supplemental report to my last report dated April 8, 2015 and to respond to the Department of Behavioral Health's 501(e) recommendation as stated in their report to the Court received August 29, 2018. The Department of Behavioral Health's recommendation was provided as a part of their "Report for the Time Period of July 12, 2018 through August 15, 2018" and addressed to the Honorable Paul L. Friedman.

I include the historical information provided in my previous report dated April 8, 2015 regarding Mr. Hinckley's hospital stay at Saint Elizabeths Hospital as well as review of the Conditional Release Order of February 26, 2014 allowing a minimum of eight 17-day visits, unsupervised driving in the family car to specific appointments, expansions in the amount of time for him to have unsupervised activities in the Williamsburg, Virginia community and the continuation of

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the provision of detailed itineraries prior to each visit to Williamsburg and detailed reports following each visit with those reports to be submitted under seal to the Court prior to the next visit.

On July 27, 2016, the Court granted Mr. Hinckley Convalescent Leave allowing him to reside full-time in Williamsburg, Virginia, pursuant to specific conditions and reporting requirements. Mr. Hinckley was released from Saint Elizabeths Hospital on September 10, 2016 and has resided in the family home in Williamsburg since that date. Mr. Hinckley has continued in active treatment with the Williamsburg treatment team including Dr. Giorgi-Guarnieri for psychiatric and risk management, Mr. Carl Beffa for individual and group therapy, Mr. Jonathan Weiss as case management and Ms. Nicole Drozd, music therapist as well as having ongoing monthly meetings at the Department of Behavioral Health's Outpatient Offices with Dr. Nicole Johnson, Deputy Chief Clinical Officer for the Department of Behavioral Health, as well as weekly telephone calls by Dr. Johnson to John Hinckley, Jr. and Mrs. JoAnn Hinckley, his mother. Mr. Hinckley's participation in his treatment and adherence to Court required conditions have been well documented in approximately monthly submissions to the Court by Dr. Johnson detailing her contacts with the treatment team and with Mrs. Hinckley and John Hinckley, Jr., updates on various issues including John Hinckley's having obtained volunteer and paid employment, and most recently paid employment by [REDACTED] in the Williamsburg [REDACTED], and descriptions of his other activities with members of the Williamsburg community and NAMI meetings in Williamsburg. Also during this time period, Mr. Hinckley's treatment team in consultation with Dr. Johnson has reduced his psychiatric visits to once per month and reduced his individual therapy appointments to twice per month with the continuation of weekly group therapy, monthly music therapy, and case management services.

I examined John W. Hinckley, Jr. at the family home on October 1, 2018. I also conducted collateral interviews with JoAnn Hinckley and his brother, Scott Hinckley, on October 1, 2018. I conducted collateral interviews with treatment team members Carl Beffa, MSW, on October 1, 2018, Deborah Giorgi-Guarnieri, J.D., M.D., on October 2, 2018 and Jonathan Weiss, MSW on October 2, 2018. I conducted a collateral interview by telephone with Mrs. Diane Sims, Mr. Hinckley's sister, on October 4, 2018 and left a message for Nicole Drozd MT, music therapist, on October 4, 2018 however had not heard back from Ms. Drozd prior to the submission of this report. In addition, I conducted a collateral interview with Nicole Johnson, M.D., FAPA, on October 5, 2018.

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In addition to examining Mr. Hinckley and conducting collateral interviews, I reviewed my previously submitted reports as well as the following documents:

1. St. Elizabeths Hospital records from 3/2015 thru 9/2016
2. The Department of Behavioral Health (DBH) Reports and Attachments for:
 - A. 9/16/16 - 10/12/16
 - B. 11/10/16 - 12/14/16
 - C. 12/18/16 - 1/10/17
 - D. 1/11/17 - 2/10/17
 - E. 2/11/17 - 3/17/17
 - F. 3/18/17 - 4/14/17
 - G. 4/13/17 - 5/12/17
 - H. 5/15/17 - 6/14/17
 - I. 6/15/17 - 7/17/17
 - J. Summary for the months of August/September 2017, received 9/21/17
 - K. 8/10/17 - 9/28/17 and Addendum
 - L. 9/29/17 - 10/17/17
 - M. 10/18/17- 11/16/17
 - N. 11/17/17 - 12/14/17
 - O. 12/15/17 - 1/18/18
 - P. 1/19/18 - 2/15/18
 - Q. 2/16/18 - 3/15/18
 - R. 3/16/18 - 4/11/18
 - S. 4/12/18 - 5/11/18
 - T. 5/12/18-6/13/18
 - U. 6/14/18 - 7/11/18
 - V. 7/12/18 - 8/15/18, including Department of Behavioral Health Recommendations (501-e) as noted in this report.
3. Violence Risk Assessment Update by Samantha Benesh, Psy.D., ABPP
4. Violence Risk Assessment by Mitch Huggonet, Psy.D.

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Background Information and Reason for Referral

Mr. John W. Hinckley, Jr. is a 63-year-old Caucasian male who was admitted to Saint Elizabeths Hospital on 6/22/82, having been found Not Guilty by Reason of Insanity on 12 counts of attempted murder, possession of a prohibited weapon, and carrying a pistol without a license. He was committed to Saint Elizabeths Hospital on 6/22/82 pursuant to the provisions of Title 24, Section 501(d)(1) of the D.C. Code. He was found Not Guilty by Reason of Insanity on these charges involving his assassination attempt on the life of President Ronald Reagan as well as the shooting of Press Secretary James Brady, D.C. Police Officer Thomas Delehanty, and Secret Service Agent Timothy McCarthy. I make reference to my previous report and will not detail the background information further.

The reason for referral is that the Office of the United States Attorney for the District of Columbia requested that I conduct an independent forensic psychiatric evaluation in response to the Department of Behavioral Health's 501(e) recommendations.

The Department of Behavioral Health recommended changes to Mr. Hinckley's Conditional Release order to include:

1. Mr. Hinckley reduce his in-person visits to FOPD to no less than once every two months (every other month) for monitoring of his mental condition and compliance with the conditions of his release.
2. Mr. Hinckley be allowed to specifically display his art work and/or photography anonymously in public forums. He should also be allowed to share his music via the internet anonymously, only through his music therapist.
3. the Risk Assessment, Williamsburg treatment team members, Dr. Johnson and DBH agree that Mr. Hinckley can live independently.
4. Mr. Hinckley be allowed to travel up to 50 miles from his primary residence in Williamsburg or the surrounding area unaccompanied. DBH recommends he be able to travel between 50 and 75 miles with a family member or member of his clinical Williamsburg treatment team from his primary residence without notification to the Court.
5. Mr. Hinckley would no longer be required to complete daily logs.

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6. DBH does not approve of Mr. Hinckley having his own web site or posting his private antique items on web sites for financial gain.
7. Mr. Hinckley's mental health care be transferred to either the public mental health system or a new team of private providers.
8. DBH does not support an unconditional release at this time.

Violence Risk Assessment Update by Samantha M. Benesh, Psy.D., dated 7/27/18

Dr. Samantha Benesh conducted a Violence Risk Assessment Update and listed in her report her review of multiple records and reports since 1981. She also reported her recent collateral interviews and examination of Mr. Hinckley as well as the administration of psychological tests. I will not repeat Dr. Benesh's findings however will state her recommendations as follows: 1) Mr. Hinckley can reduce his visits to the Forensic Outpatient Department (FOPD) in Washington, D.C. from every month to every two months for monitoring of his mental condition and compliance with the conditions of his release, 2) Mr. Hinckley be permitted to physically display his art work and/or photography in public forums and share music created by him via the internet, with the caveat that steps should be taken to ensure that the displays are anonymous and there is no financial benefit associated with the activities, 3) Mr. Hinckley be permitted to reside in a separate residence in the community, either independently or with his brother, Scott Hinckley, within 50 miles to Williamsburg, 4) Mr. Hinckley be permitted to drive unaccompanied within 75 miles of his home in Williamsburg, Virginia, unless he is travelling to Washington, D.C. for the purpose of a scheduled appointment with FOPD. It is also recommended that he be permitted to travel up to 100 miles from his home in Williamsburg, Virginia with a family member or member of his treatment team, 5) The Court remove the requirement for Mr. Hinckley to complete daily logs of his activities while on convalescent leave, 6) Mr. Hinckley be permitted to sale items from his [REDACTED] online as long as anonymity can be maintained. This could be completed by establishing his own web site, 7) the treatment team begin transfer of Mr. Hinckley's treatment to Colonial Behavioral Health (Public Mental Health System) over the next 12-18 months.

Review of Violence Risk Assessment by Dr. Mitchell Hugonnet

The Violence Risk Assessment by Dr. Hugonnet was not available at the time of completion of my report, however my brief discussion with Dr. Hugonnet indicated his general support for the

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Department of Behavioral Health's 501(e) Motion with his specific comments, including but not limited to Mr. Hinckley continuing to maintain daily logs of his activities and participation in monthly meetings in person and via Skype with Dr. Nicole Johnson. Dr. Hugonnet will provide more detail on his assessment and recommendations in his report.

Collateral Interviews

I conducted collateral interviews with the Williamsburg treatment team members Dr. Giorgi-Guarnieri, Mr. Beffa, and Mr. Weiss. I conducted a collateral interview with Dr. Nicole Johnson and attempted a telephone interview with Ms. Dzord. I also conducted collateral interviews with John Hinckley's family members Joanne Hinckley, Scott Hinckley, and Diane Sims. I will not go into extensive detail regarding the content of the collateral interviews because all of the collateral interviews were digitally recorded as required by the Court and the transcripts of all of my interviews were provided to the Office of the United States Attorney of the District of Columbia, for distribution to the Court and to defense counsel. Therefore, summarize of the content of the collateral interviews are included in this report.

Carl Beffa, MSW

On 10/1/18 I interviewed Carl Beffa, case manager for John Hinckley, at his office in Williamsburg, Virginia. I have previously interviewed Mr. Beffa on several occasions, most recently on 3/4/15. I asked Mr. Beffa to tell me how John Hinckley's adjustment has been since he was placed on convalescent leave and released from the Hospital on September 10, 2016. Mr. Beffa reported that Mr. Hinckley has continued to attend his psychotherapy groups on a weekly basis and that each group includes 10-members consistently. Mr. Hinckley received individual outpatient psychotherapy from Dr. Sidney Binks at St. Elizabeths Hospital thru 3/22/16 with transition to Dr. Beffa during his conditional release to Williamsburg. Mr. Beffa continues to provide individual psychotherapy for Mr. Hinckley although it has been reduced from weekly to bi-weekly. Mr. Beffa stated that Mr. Hinckley has been very responsible and that his diagnoses has been in abeyance. He further reported that he has been very impressed by Mr. Hinckley's adjustment to the Williamsburg community and even though there have been some issues with regard to Mr. Hinckley participating in exercise programs and his weight gain as well as physical health complaints that are most likely attributable to arthritis, Mr. Hinckley has continued to be very responsible in attending his group therapy and individual therapy appointments and arriving in a timely manner.

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Mr. Beffa told me he is aware of Mr. Hinckley's call to 911 upon his discovery of his mother's fall in the bathroom. He added that John has essentially been the caretaker for his mother and his older brother, Scott, since Scott has moved into the family home and it appears that he will remain in the family home for the foreseeable future. In terms of short term, intermediate and long-term planning, Mr. Beffa reported that he himself has reduced his work time further from when I last saw him, and is currently present in his office two days per week with plans to continue toward full retirement. Mr. Beffa also reported his awareness that after his retirement or discontinuation by any or all of the Williamsburg treatment team members the services for Mr. Hinckley will be provided by the Colonial Services Board (CSB), which is the public mental health authority for Williamsburg.

Mr. Beffa reported that although there have been some changes in Mr. Hinckley's involvement with some of his friendships including [REDACTED] (with whom John Hinckley shared his photography interest), the loss of support from their friend, mentor and former Look Magazine photographer who has become ill, and the death of [REDACTED] who was a friend of Mr. Hinckley's from NAMI, that Mr. Hinckley continues to try to explore social relationships but has not been successful in developing any romantic interests. Mr. Beffa and I discussed John Hinckley's ongoing relationship with a former patient at the hospital, [REDACTED]. Mr. Beffa reported that his impression is that John Hinckley continues to have daily telephone contact with [REDACTED] for whom he considers himself a support and friend but clearly tells her that there is no possibility of a romantic relationship or her ever visiting Williamsburg. Mr. Beffa reported he is very impressed by Mr. Hinckley's empathy for [REDACTED] and her serious and persistent mental illness, and his placing limits on their relationship as a supportive friendship. Mr. Beffa further reported that Mr. Hinckley's involvement in the [REDACTED] has been another social outlet for him.

Mr. Beffa reported the treatment team has been actively discussing the possibility of Mr. Hinckley being involved on a dating site and/or through a matchmaking service attempting to facilitate his meeting a woman who may be more appropriate for him and with providing information regarding his identity.

Mr. Beffa reported that John Hinckley has attempted to have appropriate contact with female ex- group members on two occasions after those members left the group. Mr. Beffa emphasized his rule that there cannot be social contacts between group members as long as they are both still in the group; however, if a group member leaves the group they are permitted to have social relationships with current or former group members. Mr. Beffa reported that John Hinckley did pursue a social relationship with the two ex-group members, however those did not go very far.

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Mr. Beffa shared, as did other treatment team members, the likelihood of several if not all of the treatment team members (with the exception of Ms. Dzord) retiring or relocating within the next year or two and the need for there to be a transition plan with the next service providers. Mr. Beffa re-emphasized that Mr. Hinckley has been very responsible in taking his medications, attending appointments, and adhering to the conditions of the convalescent leave. He reported he has seen no symptoms and does not believe there are any risk factors that are active in Mr. Hinckley's mental health care and treatment, or adjustment to the Williamsburg community.

Deborah Giorgi-Guarnieri, J.D., M.D.

I interviewed Dr. Giorgi-Guarnieri (Dr. GG), treating psychiatrist in Williamsburg for John Hinckley, on 10/2/18. I previously interviewed Dr. GG on multiple occasions the most recent being on 3/4/15. I asked Dr. GG to tell me about Mr. Hinckley's adjustment and any issues or concerns she may have since his convalescent leave began on September 10, 2016.

Dr. GG went over her notes with me topic by topic including the risk factors and her medication management regarding Mr. Hinckley. With regard to medication management, Mr. Hinckley continues to receive Zoloft and Risperdal as previously reported. Dr. GG reported that Mr. Hinckley is a rapid metabolizer of these medications such that they do not stay in his system for a full 24 hours, however they appear to be effective and he has not had any re-emergence of psychotic symptoms or depression. She reported that he has had some sexual side effects and that they have talked about whether or not there should be some adjustments to his medications. She also reported that his primary care physician wanted to give him a short-term trial of Gabapentin, however Mr. Hinckley did not want to take the medication, and the primary care physician also recommended a trial of Naltrexone for approximately five weeks to increase Mr. Hinckley's energy. Dr. GG also reported that with regard to the sexual side effects she had recommended a trial of Buspar, an anti-anxiety medication that could be helpful, however Mr. Hinckley declined to take that medication because he did not want to have any medication changes prior to the Court's hearing on the current recommendation. Dr. GG said she has concerns that the whole treatment team has expressed to Mr. Hinckley regarding his weight gain and his resistance to participating in essentially any exercise program. She stated that his reasons tend to be because he has arthritis or pain and/or that the exercise groups are comprised of "old people".

Dr. GG reported that she and Mr. Hinckley discuss other topics including his efforts to engage in romantic relationships that have not been successful. She reported they did discuss to a limited extent the suicide of his friend, [REDACTED], which she deferred primarily to his individual therapist, Mr. Beffa. She reported that Mr. Hinckley and [REDACTED] had become friends through NAMI and even though Mr. Hinckley appeared to want to have a romantic relationship, he became

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discouraged after further interactions with [REDACTED] and at the time of her death he had not been in direct contact with her and did not appear to be seriously adversely affected by her death.

Dr. GG also reported that Mr. Hinckley has been essentially the caretaker for his mother since she broke her hip and he is also very supportive of his brother as Scott Hinckley does not drive and is dependent on John Hinckley for transportation to appointments and other activities.

Dr. GG in discussing the risk factors talked about her concern with regard to his potential isolation. She continued that even though he has been very active in the caretaking role of his mother and brother and has independently established his own business at the [REDACTED] and on the internet, her concerns are for when there may be changes in the household composition, including the unavailability of Mrs. Hinckley either through her passing or possible placement in assisted living and the plan of John and Scott Hinckley continuing to live together as roommates in a separate dwelling after the sale of the family home.

Dr. GG further expressed her own plans to very likely relocate from the Williamsburg area in the next year or so pending family and other vocational pursuits. Dr. GG said she has a psychiatric colleague with whom she has had prior professional assignments and who is well versed in the forensic issues regarding Virginia State insanity acquitees; however, to her knowledge this colleague has no familiarity with the requirements for Federal insanity acquitees and the required reporting. She expressed her concerns that when a new treatment team is established due to her relocation and the very likely retirements within the next year or two of both Carl Beffa and Jonathan Weiss, a transition period with very careful monitoring will be required.

Dr. GG also reported her understanding that the Colonial Services Board would offer services to John Hinckley as an "all or none" manner, which could include psychiatric medication management, individual and/or group therapy services, and/or case management services. Dr. GG expressed her concerns that these services should be well defined prior to any transition and that both the clinical and forensic components of Mr. Hinckley's care, treatment, and management would have to be clearly determined. She expressed her concerns that although less expensive, the Colonial Services Board, as the public entity, would not be able to dedicate the kind of time and activities via case management as has been done by Jonathan Weiss, a former director of the Colonial Services Board. Dr. GG also said that if there is a combination of private providers for John Hinckley, he has expressed his concerns for the cost of such providers which would include not only direct service but also adherence to the Court's requirements for reporting either indirectly to the Department of Behavioral Health or directly to the Court.

Dr. GG reported that the family comprised of Joanne Hinckley, John and Scott Hinckley, and "Theo", the family cat, has come together with John Hinckley taking the lead on managing the

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movements, appointments and other outside activities that may require driving and that he has done so very responsibly.

Dr. GG expressed her very serious concerns about Mr. Hinckley's continued weight gain and lack of exercise and the impact of those factors on his overall physical health functioning, as well as the potential medication changes as noted above. Dr. GG reaffirmed that she sees part of her role as risk management in that she goes over in detail the risk factors with Mr. Hinckley, which is reflected in the DBH approximately monthly reports that have additions from the Williamsburg treatment team. Mr. Hinckley continues to have challenges with regard to his socialization and his desire for romantic relationships.

Dr. GG also reported that the treatment team has discussed in some detail the possibility of researching the specifics of John using a dating service to facilitate his having contact with women who may be age appropriate and aware of his circumstances in a more organized and structured way.

Overall, Dr. GG reported that she believes Mr. Hinckley has demonstrated appropriate adjustment to the conditions of the convalescent leave and that she supports the recommendation of the Department of Behavioral Health including decreased contact with DBH and extension of the limits for Mr. Hinckley's travel independently and with a treatment team member or family member to areas including Richmond (excluding Government buildings), Newport News, and possibly Virginia Beach or other longer distances with prior treatment team approval.

Dr. GG reported that she agrees with the DBH recommendations for expansion of the convalescent leave and also agrees that it would be inappropriate for Mr. Hinckley to apply for or receive an unconditional release at this time or in the near future.

Jonathan Weiss, MSW

I interviewed Jonathan Weiss on 10/2/2018. I previously interviewed Mr. Weiss on 3/4/15. We focused our discussion during this current interview on Mr. Hinckley's adjustment and compliance with the conditions of his convalescent leave since September 10, 2016. Mr. Weiss became the case manager/care manager for Mr. Hinckley prior to the last Court hearing and reported that he has been very positively impressed by Mr. Hinckley's continuing adjustment in Williamsburg since the implementation of the convalescent leave status. Mr. Weiss reported that initially he was seeing John Hinckley on a weekly basis, however that has changed and he currently sees Mr. Hinckley at least monthly and on an as needed basis. Mr. Weiss reported that he attended a number of therapeutic and social activities with Mr. Hinckley prior to his brother

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Scott joining the family home and that since Scott has become a resident in the home Mr. Weiss has attended a number of activities with John and Scott together. These have included baseball games and other community activities as well as Mr. Weiss facilitating John and Scott becoming [REDACTED]. Mr. Weiss reported he has been very favorably impressed by John attending these activities as well as his enthusiasm for participation in not only the sporting and social activities but also [REDACTED]

Mr. Weiss also expressed his very positive impressions of John having independently arranged, orchestrated and implemented [REDACTED] and actually becoming so successful that he has [REDACTED]. Mr. Weiss reported that not only is it [REDACTED] itself with John [REDACTED]

Of note, I took the opportunity to visit [REDACTED] during my visit to Williamsburg and was impressed by the business end of the operation in that the [REDACTED]

[REDACTED] I visited the [REDACTED] on a Tuesday in early afternoon and there were [REDACTED] at that time. The staff informed me that they have [REDACTED]

[REDACTED] The [REDACTED] themselves do [REDACTED]

Continuing my interview with Mr. Weiss, he reported his view that John Hinckley has not demonstrated any symptoms of psychosis or depression nor has he been concerned about any active risk factors with the exception of Mr. Hinckley continuing to have difficulty engaging in social relationships that may lead up to a romantic relationship. Mr. Weiss told me he had become aware of the death of John's friend, [REDACTED], through the newspaper and notified John who was not aware of her death until he informed him.

Mr. Weiss also reported being in the process of retirement and having responsibility for two clients, one of whom is John Hinckley. He reported further that he intends to fully retire within the next two years and that he and the treatment team have discussed that John Hinckley continue to receive outpatient mental health services either through a private group of clinicians or through the Colonial Services Board. Mr. Weiss agreed that his role in John Hinckley's recovery has been very supportive in that he, as case manager/care manager, has researched, planned and attended activities with John Hinckley and during the last year included his brother

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Scott to facilitate socialization. Mr. Weiss, being a former director of the Colonial Services Board, expressed his concerns that he knows the staff at Colonial Services is "overworked" and have large caseloads such that it would be unlikely to impossible that they would be able to replicate the level of services that have been provided by his current Williamsburg treatment team. Mr. Weiss also expressed his concerns that John Hinckley not become isolated and less socially involved than he currently is. Also, he affirmed that the treatment team has confronted Mr. Hinckley repeatedly about his weight gain and physical health but despite their encouragement, John Hinckley's resistance to organized or formal exercise programs has continued. Mr. Weiss also reported that the idea of engaging in a match making/dating service essentially came from him as he has knowledge of demonstrated success of such services and that the application and participation of John Hinckley could be helpful and successful for John and would be assisted by the treatment team members.

Mr. Weiss reported he had been contacted by the U.S. Secret Service on three occasions since Mr. Hinckley has been on convalescent leave. He said one occasion was after his mother had fallen and broken her hip and John had made the arrangements for transportation to the hospital. The second contact occurred when Vice President Pence was scheduled to visit Virginia and was a check to determine John Hinckley's whereabouts and activities. The third contact by the U.S. Secret Service had to do with the Secret Service having been notified that John Hinckley had sent a note via U.S. Mail to a neighbor who contacted the local police who then contacted the U.S. Secret Service. Mr. Weiss provided details of this event which included John Hinckley having met the neighbor in passing in the [REDACTED] community as [REDACTED] was walking [REDACTED] dog. Mr. Weiss reported that John Hinckley expressed [REDACTED] might be someone he would like to have coffee with but through discussion it was determined that it would not be a good idea for him to knock on [REDACTED] door or to leave a note in [REDACTED] mailbox but rather to send by U.S. Mail a note to [REDACTED] asking about possibly having coffee. What was not factored into that suggestion was Mr. Hinckley signing his name to the note as "John Hinckley" which, based on the response, generated some concern from the recipient and the notifications were made. Mr. Weiss offered that he and John discussed this incident and it was clear that [REDACTED] only knew his name as "John" and when [REDACTED] became aware that it was "John Hinckley" [REDACTED] reaction prompted the response as noted. Mr. Weiss said he did not believe there was any danger or ill intent by John Hinckley in attempting to contact his neighbor for a possible social interaction.

Mr. Weiss reported that since becoming John Hinckley's case manager in Williamsburg, he has assisted John Hinckley with obtaining appropriate financial supports that have included not only his Virginia driver's license but also Medicare and SSDI, and that these supports and residence would make him an eligible candidate for services by the Colonial Services Board.

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JoAnn Hinckley

I interviewed Mrs. JoAnn Hinckley at her home on 10/1/18. The last time I interviewed Mrs. Hinckley was 3/3/15. Mrs. Hinckley greeted me warmly as she always has in the 30+ years that I have known her. She reported the transition of John living full-time in Williamsburg has been as she expected, without any problems and excellent. She reported further that she has not had and continues not to have any concerns, issues, or problems with regard to her son John's adjustment and living in the family home full time. She reported that she is "turning 93" and since she broke her hip "John takes care of me." She stated that he has been very responsible and responsive to her needs including the night she fell and broke her hip in getting her to the hospital, attending to her at the hospital and after her discharge attending to her health and other needs. She reported that at one point John was responsible for giving her [REDACTED] and that more recently when using her walker she had scraped her arm on the doorknob and her son John insisted and took her to the Emergency Care Center where she received steri-strips [REDACTED].

Mrs. Hinckley emphasized that she believes her son John should be "independent" and that she really doesn't need any help in taking care of herself. She acknowledged, however, that John has been very helpful to her in the home and that he has also assisted her son Scott, as Scott does not drive, going to and from appointments and other activities such as shopping, etc.

Mrs. Hinckley reported she has no misgivings, concerns or reservations about her son John continuing to live in the family home, with the expansion of his being able to travel further with and without a family member or treatment team member, and a reduction in the contacts he and she have with the Department of Behavioral Health.

Scott Hinckley

I interviewed Scott Hinckley on 10/1/18 in the family home and he reported that he has been living in Virginia in the family home for approximately the last year [REDACTED]. He reported he has adjusted to living in Williamsburg [REDACTED]. He also said he keeps in contact with his kids and [REDACTED] Williamsburg.

I had not spoken with Scott Hinckley since 3/10/15. He reported that the life changes he has experienced have brought him to live permanently in Williamsburg and that the future plan is whenever his mother is no longer available and the family home is sold, he and his brother John

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will be roommates and live together in the Williamsburg area. He further reported that his brother John has become "the designated chauffeur" and is very helpful as a care giver to his mother. Scott Hinckley also reported that he is aware of the discussions regarding the Williamsburg treatment team members very likely no longer continuing with John's care in the next year or two and that the Colonial Services Board would be an option that the treatment team has looked into. He reported further that he believes this would be the appropriate transition if the team approves of the Colonial Services Board or private providers may be necessary.

Scott Hinckley also told me that he appreciates living in the family home with his mother, John and the family cat, Theo. I observed that Scott currently [REDACTED]

Scott Hinckley also stated his support for an extension of the convalescent leave to include his brother John having permission to travel greater distances, with or without treatment team members or family members, and having less contact with DBH. Scott Hinckley also reported that he has enjoyed attending the [REDACTED] with his brother John and the interactions with Jonathan Weiss. Scott Hinckley said he has no reservations or concerns with the DBH proposal.

Diane Sims

I interviewed Diane Sims by telephone on 10/4/18, and had last spoken with her on 3/11/15. Mrs. Sims acknowledged that she had been contacted by her family to alert her that I would be calling to discuss John's adjustment as I had requested they do during my interviews with them.

When I last spoke with Mrs. Sims she reported she was absolutely in favor of the Hospital's plan for her brother to live in Williamsburg with their mother and that she has been very favorably impressed by her brother's adjustment to Williamsburg in the last two years since the implementation of the convalescent leave. She reported further that she believes there are no problems or issues within the family home and that her brother John has essentially "stepped up" to becoming in-charge as the care giver for their mother. She also said she believes the addition of Scott to the family home has also been a positive development and the family home is running well. She noted that had she had any concerns with regard to how the family is doing in Williamsburg she would have made far more frequent visits and would have stayed longer when she does visit but does not believe there was a need for her to do so.

Mrs. Sims also endorsed her support for the expansion of the convalescent leave conditions including her brother possibly being able to come to the Richmond Airport to pick her up when she visits as well as to attend more activities in the Williamsburg area.

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Nicole Johnson, M.D., F.A.P.A.

I interviewed Dr. Nicole Johnson on 10/5/18 in her office at the Department of Behavioral Health. Dr. Johnson has been the forensic manager for John Hinckley since prior to and since the implementation of full convalescent leave to Williamsburg, and has also been the liaison between the Williamsburg treatment team to the Court. Dr. Johnson has prepared approximately monthly reports detailing Mr. Hinckley's adjustment, treatment and management issues, and any concerns or recommendations, as well as appending to her reports, progress notes and documents by the Williamsburg treatment team members including information regarding treatment team meetings, contacts with John and JoAnn Hinckley, and John Hinckley's daily logs.

Dr. Johnson and I went over the DBH recommendations as well as the recommendations from the Violence Risk Assessment Update by Samantha Benesh, Psy.D., ABPP. Dr. Johnson reported that she believes those recommendations from the DBH, having been reviewed by the Outpatient Forensic Review Board, are appropriate and reflect the DBH's position on expansion of the convalescent leave conditions. Dr. Johnson reported that her concerns with regard to John Hinckley's adjustment since September 10, 2016 and residing full-time in Williamsburg have largely to do with his socialization. She said that his socialization is very limited and he has limited interactions with others outside of his family. She continued he does not appear to have the necessary tools to conduct a romantic relationship and appears to be surprised when there may be unwelcoming responses from women that he has met and that he is "John Hinckley".

She reported that she is not aware of any negative reports from the U.S. Secret Service but she was contacted when Mrs. Hinckley broke her hip and when Vice President Pence was to be travelling in Virginia. We discussed in detail the risk factors, including the isolation, deception, relationships with women, socialization, suicidality, possession of weapons and symptoms of psychosis and depression, and Dr. Johnson reported she has not had concerns about there being active evidence or exacerbation of the risk factors with the exception of her concerns about socialization and relationships with women, and potential isolation. Dr. Johnson also reported that the issue of financial support is an ongoing concern particularly given the high likelihood of the current Williamsburg treatment team no longer providing services within the next year or two.

Dr. Johnson reported further that she shares the concerns of the treatment team with regard to the Colonial Services Board providing services, not because they are an inappropriate entity but because of the level of intensity and commitment that have been provided to Mr. Hinckley beginning with his hospitalization through his transition to Williamsburg and currently on his convalescent leave status. Dr. Johnson reported that the services of Dr. GG as the psychiatrist

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who is forensically trained, Mr. Weiss as the very skilled, active and supportive case manager, and Mr. Beffa as the individual and group therapist as well as Ms. Dzord as music therapist have been very helpful with John's adjustment and continued progress. She noted however that with regard to John Hinckley's interests and activities, his interest in his art and music has declined over time, in part because he has expressed frustration at not being able to display his art or music. Dr. Johnson reported she is in support of allowing Mr. Hinckley to display his art and music in an anonymous fashion and that the Williamsburg treatment team has been actively discussing such possibilities. She also reported that John Hinckley understands fully that he is not able to profit from the sale of his art or music or performance of music in a public forum. Dr. Johnson noted that Ms. Dzord has been more encouraging for John by giving him music assignments to increase his writing music and songs as he has in the past. She also reported she believes this is a very positive step and is hopeful it will continue.

With regard to increasing the distance Mr. Hinckley can travel accompanied and unaccompanied, Dr. Johnson stated she supports the extension to 50 miles from home unaccompanied and 75 miles from home accompanied, which will include Richmond and Newport News, however, travel to Virginia Beach should be accompanied and only with prior approval of the treatment team. Dr. Johnson also reported she is in favor of eliminating the requirement that John Hinckley keep daily logs as the logs are very repetitive because Mr. Hinckley does not vary much from his daily activities including his limited socialization. She did endorse however that John Hinckley should keep track of having 20 hours of work per week. Dr. Johnson reported that she has also visited [REDACTED], and said her visit [REDACTED] was very similar to mine and that there was very little social activity going on in a very well run operation.

Dr. Johnson is in support of the reduction in the telephone contacts with her by John and JoAnn Hinckley, reduction of the visits to DBH to every two months rather than monthly, and the elimination of the daily logs. Dr. Johnson reported that John Hinckley has been very diligent in keeping appointments and calling her regarding any changes or events as well as managing the schedule of regular calls in compliance with the Court's Order.

Dr. Johnson also reported her awareness that Dr. GG has concerns about John Hinckley's medication regimen including the side effects and the likelihood of either augmenting the medication or changing the medication to address issues of side effects. She repeated Dr. GG's information that John Hinckley is reluctant to make any changes in medications prior to the Court's ruling on the current motion from DBH. Dr. Johnson also expressed her concerns that

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the issue of his difficulties in socialization would need to be closely monitored for signs of his becoming more isolated and the potential re-emergence of symptoms of depression or other risk factors.

Dr. Johnson concluded the interview by showing me an unsigned painting Mr. Hinckley has given her and reinforcing that it is her belief that the current DBH recommendation is appropriate and that it would be inappropriate for Mr. Hinckley to have a recommendation for an unconditional release at this time or the foreseeable future.

Examination of John W. Hinckley, Jr.

I examined John W. Hinckley, Jr. (DOB: 5/29/55) on 10/1/18 in his home in Williamsburg, Virginia. This is the first time I have examined Mr. Hinckley in his family residence and the last time I examined him was in March 2015 and before that February 2013.

John Hinckley greeted me at his front door with a smile and said "right on time, good to see you". I had arranged the appointments for John, Scott and JoAnn Hinckley with John Hinckley via telephone prior to my arrival in Williamsburg. This was the first time John Hinckley had taken charge of arranging appointments for himself and his family and being responsible for their completion. I interviewed John Hinckley independently from his mother and brother as we began to discuss his adjustment since the implementation of convalescent leave on September 10, 2016. Initially Scott Hinckley accompanied us into the family room where the interview took place but John Hinckley instructed his brother to leave so the two of us could talk privately. Mr. Hinckley told me that he met with Dr. Mitchell Hugonnet the previous Saturday and Sunday for five hours and six hours, and added that he believed Dr. Hugonnet is "a great guy". He went on to tell me that they "hit it off well" because Dr. Hugonnet is a rock and roller like he is and they chatted and chatted and also conducted the evaluation. Mr. Hinckley said he believed the evaluation by Dr. Hugonnet went very well and that he had taken three tests in addition to their discussions.

I advised Mr. Hinckley that the focus of this examination would be for us to discuss how things have been since he has been on convalescent leave and if I said anything that was incorrect he should straighten me out as always, and he responded that he would. [REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED] Mr. Hinckley elaborated that he would like to go to other cities and said that he likes Newport News because there is so much more to do than in Williamsburg, which is more of a tourist town and college town. He stated he had gone to the Ferguson Center in Newport News to a Beach Boys concert years ago and that Williamsburg doesn't offer those kinds of venues.

Mr. Hinckley reported that in addition to extending the distance for his driving, he currently drives himself to D.C. only for his meeting with Dr. Johnson and he would like to reduce that to once every other month because he does not think monthly visits are necessary and he does not like the traffic in D.C., and he added that Dr. Johnson agrees with him. He also reported he keeps his log of what he does every day and does not believe that would be necessary. Mr. Hinckley continued that with his music, art and photography he'd like to put that out anonymously publically in whatever venue is deemed appropriate. He said that he would do this with the assistance of his music therapist, Nicole Dzord, and that they might [REDACTED]. He described this as [REDACTED] and it could be posted anonymously or under her name. He also said that Dr. Hugonnet had the idea that his music and art should be vetted by the team prior to putting it out and that he would have no problem with that.

Mr. Hinckley concurred that he currently sees Mr. Beffa for individual therapy twice per month and in group therapy every week and there is no plan to reduce that frequency. Mr. Hinckley also reminded me that he was seeing Mr. Beffa at his home for the first year and one-half of convalescent leave but he currently sees him at his office. Mr. Hinckley endorsed that he believes he has a "fantastic case manager, Jonathan Weiss. Everybody loves him, including me." He described his relationship with Mr. Weiss is "more like a buddy" than a case manager because Jonathan goes to baseball games, concerts and he has [REDACTED]. He reported he is currently [REDACTED] as well as having done it last spring. He noted that sometimes he and his case manager have breakfast together or lunch together and he has helped him in setting up [REDACTED]. He reported that although he believes the requirement is to see Mr. Weiss twice per month, he sees him much more frequently than that and that they have a very good relationship. Mr. Hinckley added that in his discussion with Dr. Hugonnet, Dr. Hugonnet proposing that perhaps Mr. Weiss would go with him the first time that he goes to Virginia Beach or Norfolk which would be fine with him.

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Mr. Hinckley reported he continues to see his friend [REDACTED] and that prior to the convalescent leave would see him every time he came down for a visit and they would be involved in photography together but since he has come down full time he does not see him as much and he (John) has gotten a little bit away from his photography. He stated that [REDACTED] suggested he get a new camera and he thought he would but he has not yet. He also reported that they have lost their interactions with [REDACTED] who was a former master photographer at Look magazine because of declining health.

I asked Mr. Hinckley to tell me more about what has changed since I last saw him and he reported that he [REDACTED] last September. This occurred after he heard from a couple of guys that they [REDACTED] and he pursued what that meant with them, became really intrigued, and described to me the process of [REDACTED]. He reported there are [REDACTED] and that he decided to [REDACTED] which was supported by Dr. Johnson and the team. He stated he signed a [REDACTED] last August (2017). He reported further that he [REDACTED] and has a [REDACTED] but that also increased his [REDACTED]. He added that he has always been able to [REDACTED] and described the process [REDACTED]. He said that he gets paid by check, and in terms of his actual involvement [REDACTED], he is really enjoying it and loves it there. Mr. Hinckley reported that he [REDACTED]. He reported that he goes to [REDACTED] almost every day and that the people who know him call him "John". He added that there has never been one single incident of any kind [REDACTED] and that everyone is friendly and he strikes up conversations and they strike up conversations with him. He added "that's where I really do my main socializing, [REDACTED] because I feel so comfortable out there." He referred to [REDACTED] "totally my baby", and added that he feels a sense of accomplishment. He continued that he is not getting rich from it but he is making money as a small businessman, and said he does not [REDACTED] and that could be worked out down the line if it is approved.

Mr. Hinckley reported he has not been devoting enough time to his music and that his music therapist, Nicole Dzord, has been giving him assignments for the last six months to come up with a song for the next session. They meet monthly and he's come to therapy with a song of his for the last four to six months, and he and his music therapist play guitar and sing together. He reported he has written lots of songs over the last 30 years and that he is getting back into writing songs with the support of Ms. Dzord. He also reported she is getting married on October the 6th so it may be difficult to reach her. He subsequently provided her cell phone number to me.

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We next discussed Mr. Hinckley [REDACTED] and he reported that he is currently [REDACTED] [REDACTED] who was with NASA for over 41 years and the [REDACTED]. He reported they have been [REDACTED] and that he loves [REDACTED]. He also reported with regard to his health that being seated [REDACTED] was very bad and his back started to go out and he had to get up a time or two and walk around. He also said his right knee has been giving him troubles and maybe it's just getting old. We shared that we both know the feeling of having back and knee pains. He asked me whether or I still have a "knee thing going on" from the past and I affirmed that I do and that I had been engaged in treatment for that. Mr. Hinckley then spontaneously stated that he had heard "our friend Joe Henneberry passed" adding that he found out when he asked Dr. Johnson if he was still around. He also asked me if I had gone to the funeral and I responded to him that I had gone to the funeral as well as the Memorial Service that was held at Saint Elizabeths. Mr. Hinckley continued that he recalls having "a lot of ups and downs with Mr. Henneberry" but he had great respect for him and we agreed that you always knew what Joe was thinking because "he would tell you, he would let you know quick."

I redirected Mr. Hinckley to tell me more about what's changed or what's different and how things have progressed since he has been living in Williamsburg full-time, and he said the one thing was his mother broke her hip. He elaborated that it was August 25th in the middle of the night when she got up to go to the bathroom. He found her and she was trying to minimize that she was hurt and wanted to just go back to bed and he insisted that they call 911. He elaborated he has taken responsibility for all of her care and that the ambulance came out and took her to the [REDACTED] across the street from where they live and she had surgery the next day. He reported she was in the hospital for three to four days and that his sister had come over the weekend and they talked to the surgeon together who agreed they could take her home. He reported that his mother was getting [REDACTED] to prevent [REDACTED] and that the nurse taught him how to do it so that he was able to give her [REDACTED] every day and do everything that she needed. He continued that he had become her care giver "24/7" including making meals for her, doing laundry, making appointments and taking her to the appointments as well as going to the pharmacy to get her medications. He told me that I would hear the same thing from her when I talk with her stating "she gushes about everything I've done." He added it doesn't bother him one bit to take care of his mother because she has taken care of him for so many years. He added that for a while she was seen as his supervisor and the person who looked over him and now it is reversed and he is her supervisor and he thinks he is doing it very well, and others say he is as well. He stated he believes this will continue until she passes but as of today she is in fine health and fully recovered from her broken hip. He reported that she did develop a [REDACTED] in November of last year and he took charge of that too and took her to her primary care doctor and when she was started on [REDACTED], he continued to take her each month to her

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█████ clinic appointment until she was discharged four or five months ago. Mr. Hinckley added that his mother absolutely did not want to go to assisted living and that he has become her nurse, and others are telling him that he "should have been a nurse "like Henneberry." He also told me about his mother having injured her arm when she was walking with the walker with her head down and he insisted that she receive care and took her over to the MD Express where they dressed her wound with steri-strips because █████. He reported that he changes her dressing and the wound specialist saw her the previous week saying that the wound was healing nicely.

We briefly discussed his father's death in 2008, 10 years ago, and also the history that there had at one time been a "DC Plan" for his placement that no longer exists. He reported that the current long term plan is that when his mother does pass away, he and his brother are going to live together in the Williamsburg area and they already have a realtor lined up. He continued that his brother Scott has been living with them for approximately one and one-half years and although it was not anticipated, they have decided that he would remain in Williamsburg and John pointed out the bed that Scott sleeps on in the same room where we were talking, as the home is a two bedroom house. He reported that his brother is very helpful with anything he asks him to do and he is quiet, and added that he "just get along great with Scott." He added the plan is also to sell the current house because █████ is very expensive.

Mr. Hinckley asked me if I have any concerns or if I'm not for something in the plan that he and I talk about it, and I told him that's why I wanted to talk him and others including Dr. Johnson. I suggested "let's think about it in a different way" regarding what concerns or issues there could be, using for example the distance that he wants to travel including driving to Richmond and the Government buildings in Richmond. Mr. Hinckley responded that he and Dr. Hugonnet talked about it and Dr. Hugonnet believes that he should avoid Government buildings as well as any big political functions, and that that is fine with him. He reported when he thinks of Richmond he does not think of the Government buildings but all the things that he could do in Richmond. He then mentioned that he used to have a friend, █████, who was living in Richmond and she would talk about all the things there are to do and he added that he has "done everything here 20 times over" in reference to Williamsburg.

I told Mr. Hinckley that I thought █████ was the friend he met at NAMI and he said "let me tell you the story of █████." He then went on to say he did meet █████ at NAMI, they became pretty fast friends and he asked for her phone number. He reported she would come to his house and they would visit and watch TV and movies as well as go for walks and shopping. Mr. Hinckley told me that █████ had some serious issues including substance abuse and drinking and that after she moved to Richmond it became harder and harder for her to visit so she would not come over each time he came to Williamsburg, as he was still living in the hospital when they first met. He

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reported his belief that the same week his mother broke her hip "[REDACTED]" laid down on the railroad tracks and let the train run over her." He said he was "very stunned" because she had been at his house a couple of months before and he had no idea she was thinking about hurting herself. He stated that his mother and her mother "got along famously, liked each other a lot" and that after [REDACTED] death her mother stopped coming to NAMI so he hasn't seen her for a long time. He reported that he and [REDACTED] were getting kind of close and that it was tough because she was fun to be with.

Our conversation segued from that to talking about Mr. Hinckley's relationships with women as a risk factor and began by talking about his longstanding relationship with [REDACTED], a former patient at the hospital when he was there. Mr. Hinckley said he has not seen [REDACTED] since he has been on convalescent leave but she does still call, and he initially stated he felt it was his "duty" but corrected it to "need" to help her through her day because of her illness. He reported she is doing better, has her own apartment, and has been out of the hospital for well over a year as well as having a guardian. He added however that she still struggles every day of her life and he asks her if she is taking her medication every day and continues to check up on her. He said that he recalls at the last hearing there was "a question about how John shows empathy" and he continued that he still kind of looks over [REDACTED] to see how she is doing and that that is being empathic. He reported he is helping her because she has had a hard life with serious mental illness as well as estrangement from her family so he feels like he is there to help her out each day from a long distance. I asked him if he thinks she understands that he is more a friend than perhaps a romantic interest and he responded he didn't know because she has delusions but he makes it clear saying "absolutely not" in response to her coming to Williamsburg or [REDACTED] and she seems to not be pressing coming there lately. He said she has never tried to come to Williamsburg and he has been firm about her not coming, telling her that he will not see her if she does come.

I asked Mr. Hinckley if there were any other women that we should be talking about and he responded "no" elaborating that it is kind of different from his days at the hospital "when they were complaining I had too many women. Now I don't have any." He reported he does not have any girlfriends although he does have female friends out at the [REDACTED] but he does not see them socially outside of the [REDACTED]. I asked him if he had met any women in the group that were kind of interesting and he responded that he did become friends with a woman after she left the group but she was a little older and married so he could not really look at her in romantic terms. He reported he went to her apartment one time and she fixed dinner for him and her husband, and that he took her to an Italian restaurant for lunch one Saturday. He said they lost contact because she is a professional artist and travels, but for a while they were quite good friends. He reminded me that Mr. Beffa has a strict rule that you cannot socialize with group members, but once they leave you can. He reported he also became friends with another group member who was a fantastic musician, a guitarist, and he went to his place one time and played music and the friend

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had come to John's place several times to play music and talk, but he has lost contact with him. John told me he has left voice mails but this friend is a newlywed and moved to Newport News and they lost contact after he got married.

Mr. Hinckley said at one point he had tried to participate in a group of musicians that meet in the park and jam. He reported that the outpatient lawyer for DBH felt that that was not a good idea because it was a public park and he could be seen as performing or anyone could just show up and take pictures. He stated that his understanding of his Court Order is that he cannot perform publically. He added that the recommendation is not asking that anything be changed about performing in public. I said to Mr. Hinckley it does not seem that many people are actually recognizing him physically and he replied "they don't". He said that he thought Dr. Hugonnet was amazed because he has "never not one time had someone harass or hassle" him and he concluded that it is "my name that is well known but not my persona." He stated that "no one ever gives me a second look" and added that he wears a baseball cap that may be helpful. I said I thought that Mr. Hinckley was correct that the baseball cap might help but he does not appear to be doing anything to draw attention to himself and he responded "no, I'm trying to be low keyed." I added "as opposed to performing?" and Mr. Hinckley responded "right". He added that he has done everything he can to maintain a low profile and not make waves at any level. He reported he tries to steer clear of politics but "you can't help hearing about it." He stated, "when people were having a conversation about the news like the Kavanaugh hearing or whatever" that he tries to stay away from it and does not jump in.

I told John Hinckley that I was sorry to hear about the suicide of [REDACTED] and reminded him suicide is one of the risk factors as well for him. He told me that he has not been depressed since 1983 after he first came to Saint Elizabeths and made a suicide attempt. He continued that he thinks it has been all uphill since then, he has not had any kind of depression since then, and he is still on Risperdal and Zoloft, which he thinks have done well for him over the years. He added that he has not had any problems taking his medications because he thinks they are helpful. Mr. Hinckley continued by saying he tells people that "this is the best time of my life now." He added that in the past two years he has been even happier, more content and he is so glad to be away from inpatient living, which he had been for 35 years. I asked him what does he miss most about having been in the hospital and he immediately responded "my cats." He added that he missed his cats because they were a big part of his getting through the day at the hospital and he became very attached to the cats. He stated he had to leave them cold turkey on September 10, 2016 and one of the first things he did after starting to live in Williamsburg full-time was to adopt a cat named Theo from the Heritage Humane Society and he is now the house cat. He said that all his focus is on Theo and that his mother loves him and that he and Scott get along okay. Mr. Hinckley then said that he thought perhaps I was looking for something besides cats in my

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question and I told him it was really an open question, and he replied "I don't miss anything. I miss some of the people. I did become close to some of the people there, staff, too. I do miss some of the daily conversations I would have with them." He then added "to be totally honest I didn't miss anything about being an inpatient at the hospital" and that life is so much better in Williamsburg. He looked out of his back window and said "it is so peaceful, just look at what I have here" adding "what a life."

Mr. Hinckley told me that he believes the social connection he has to the [REDACTED] is very good for him and he is always chatting with people just about every day and they are very welcoming of him. He said the camaraderie makes him feel good. He added that he and Scott talk about various things, and that they have never been close and this is the closest he has been to his brother who is five years older. He restated that they go to [REDACTED] together as well as baseball games and shopping. I reminded Mr. Hinckley that it has been about three years since we last talked in 2015, and he told me that he remembers the last time and that he saw my son and asked how my son is doing. I responded that my son finished his training and now he is in practice.

I asked Mr. Hinckley about his mood on a scale of one to ten, with one being life sucks and couldn't be worse and ten being on top of the world and couldn't be better, he responded "10". I asked if that is on an average day and he responded "I would say 9 or 10". He added that some days when his back is bothering him it may be a 9 but he has never been so happy and content in his life. He added that he likes everyone on the treatment team and they are all so helpful to him and that he and Jonathan (case manager) have become "buddy buddy".

I reminded Mr. Hinckley that when he was first coming down to Williamsburg on conditional release that he had gone to a group program of some kind to see how it worked and that there were some very sick folks from Eastern State hospital attending the program. He reminded me that it was called "People's Place" and said it was "ewe." He continued that the program was not very good and there were some very low functioning people there. I asked him if becoming a patient at Colonial Services Board was still a part of the active discussion and Mr. Hinckley responded "my case manager and therapist are both up in age, more or less retired, and they are not going to be doing this forever." He said that when they are no longer working and when GG is no longer available, the plan would be for him to go to the CSB and added that his case manager Jonathan used to head it up. He then went on to tell me that Dr. GG may be going to live with her daughter because Dr. GG writes screen plays and sitcoms and she is trying to sell a sitcom in Hollywood. He reported that she may be thinking of moving at the end of 2019 or 2020 to be with her daughter and get into those activities further. He said he does not believe

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that it is right around the corner but more like the end of 2019 or 2020. He said he believes Jonathan Weiss will facilitate his going to the Colonial Services Board.

Mr. Hinckley told me he believes treatment is working for him in Williamsburg and "everything is going very well, you know." He added that he has become "totally independent in the way that I live. I've lived independently since the day I became on convalescent leave." He repeated that he is taking care of his mother rather than her taking care of him for over two years and he does everything "beautifully." He stated "they cannot talk high enough about - well about what I've done." [REDACTED]

I then asked Mr. Hinckley if he had been having any symptoms of serious mental illness that he previously experienced or that he has observed in others including hallucinations, delusional thinking, preoccupation with persons or situations, and he responded "No. I'm symptom free." He denied any symptoms of delusions or hallucinations or preoccupation. He added that he believes his lifestyle in Williamsburg has a lot of people depending on him, and that has put him in a different frame of mind with a sense of responsibility. He said he has a routine that he does every day taking care of his mother, taking care of his brother to a certain extent because he doesn't drive, and taking care of Theo. He added he feels an obligation to live up to what he needs to do. He does not have any thoughts of hurting himself or thoughts of hurting anyone else. When I asked these questions as part of the mental status examination, Mr. Hinckley told me "Dr. Johnson does this checklist, this little checklist every time I talk to her." He added that she says "any new weapons" and he responds "no, Judge Johnson. There are no new weapons." Then I asked "new weapons or old weapons for that matter," and he responded "no doc there are no weapons."

In conclusion to our discussion, Mr. Hinckley again added that he is hopeful that the frequency of visits to DBH Outpatient Clinic would be once every other month because he hates driving in D.C. and doesn't think that he needs monthly visits. He said there have been no problems even though he has to do mostly defensive driving. He added that it may be hard to explain and he doesn't want to overstate it but "this is the best I've ever felt in my life. This is the happiest I've ever been in my life. This is the most content I've ever been in my life, you know, I'm just asking for these little incremental changes that would help me more. But I'm happy as a clam, to be honest. I really am." I reminded Mr. Hinckley that if he thinks of anything else that he thinks

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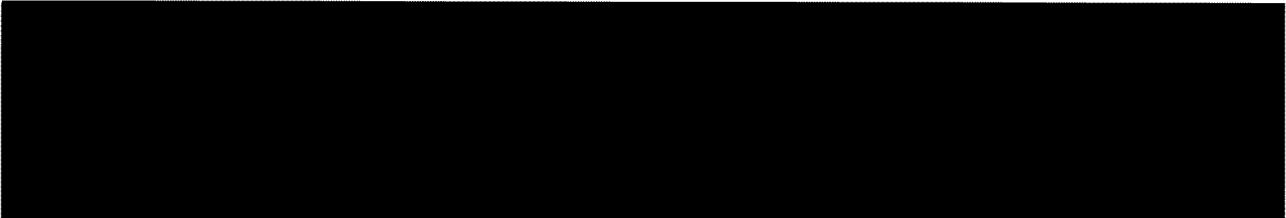
I need to know or that he wants to tell me, to call his attorney first because he is his advocate and he wants to make sure of what you do.

Mental Status Examination

On mental status examination, John W. Hinckley Jr. is a 63-year-old Caucasian male who appears slightly younger than his stated age. His appearance is different in that he has gained an estimated 30 to 40 pounds since the last time I saw him approximately three and one-half years ago, however it is otherwise appropriate and he is appropriately dressed and groomed. He greeted me with a smile and hand shake and maintained eye contact and his affect is appropriate displaying a range of frustration with past events, humor at appropriate times, and an overall sense of contentment. He estimates his mood as a "9 or 10" on an average day and denies any signs or symptoms of depression.

With regard to his attention span he is attentive, alert and without any evidence of distractibility or difficulty in tracking information. He demonstrates appropriate memory for recent and remote events and does not report any difficulties with his memory.

With regard to his perception, Mr. Hinckley denies the presence of any hallucinations currently or in the past for many years, and there is no evidence or observation of Mr. Hinckley responding to internal stimuli such as hallucinations. He denies any delusional thought content and none was elicited during the course of the examination. His thought stream is appropriate without evidence of looseness of associations or flight of ideas. Mr. Hinckley denies any thoughts or plans of harm to himself or suicide and denies any thoughts or plans to harm others. He reports his last suicidal thoughts and attempt was in 1983. Mr. Hinckley's judgment appears to be appropriate for his activities of daily living based on his self-report and this examination, with the exception of an exercise program to improve his physical health. His insight appears to be good with regard to his mental illnesses and need for continued treatment and management as prescribed by his current treatment team and endorsed by the Department of Behavioral Health.



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Diagnostic Impressions

1. Unspecified Schizophrenia Spectrum and Other Psychotic Disorder, Delusions with Significant Overlapping Mood Episodes, in Remission, 298.8
2. Major Depressive Disorder, Recurrent, in Full Remission, 296.36
3. Narcissistic Personality Disorder, 301.81
4. Allergic Rhinitis
5. Hypertension
6. Arthritis
7. Gastric Esophageal Reflux Disease (GERD)
8. Obesity, moderate

Forensic Opinion

Based on my examination of John W. Hinckley, Jr., collateral interviews as listed in this report, and documents and materials reviewed as reflected in this report, it is my opinion to a reasonable degree of medical certainty that John W. Hinckley, Jr., continues to suffer from the above diagnoses although his Unspecified Schizophrenia Spectrum and Other Psychotic Disorder, Delusions with Significant Overlapping Mood Episodes (298.8) and his Major Depressive Disorder, in Remission, Recurrent, in Full Sustained Remission (296.36) are in full sustained remission. While he demonstrates elements of Narcissistic Personality Disorder, the symptoms are well known to the treatment team and DBH and appear to be largely attenuated. It is my opinion further that the impact of his treatment, both at Saint Elizabeths Hospital prior to his Conditional Release and subsequent Convalescent Leave for him to be able to live full-time in Williamsburg with the required conditions as listed in the Order, medical records, and this report have resulted in his having made substantial progress in the goals of his being able to live in the community as well as travel independently. He continues to be prescribed Risperdal 1 milligram every evening and Zoloft 125 milligrams every morning and 25 milligrams every evening.

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Further it is my opinion to a reasonable degree of medical certainty that the Department of Behavioral Health's 501(e) Motion and recommendations for expansion of his Convalescent Leave is appropriate as recommended with two modifications:

1. John Hinckley continue to maintain his daily log, both as a therapeutic and forensic measure to monitor his progress in increased socialization and reduce possible isolation as a risk factor.
2. Consideration of monthly meetings with Dr. Johnson to consist of alternate months of face-to-face evaluation with video (skype) evaluation.

I have not been provided information from any source that would suggest that John W. Hinckley, Jr. has demonstrated dangerous behaviors to himself or others since the implementation of Convalescent Leave on September 10, 2016.

It is my opinion that the Williamsburg treatment team and the Department of Behavioral Health have worked vigorously as has John Hinckley himself and his family to reduce the identified risk factors.

In my report of April 8, 2015 I listed the previously identified risk factors to include:

1. depression,
2. isolation,
3. psychosis,
4. level of insight into mental illness,
5. personality disorder,
6. access to weapons,
7. lack of family support,
8. history of suicide attempts,
9. difficulty in relationships with friends,
10. deception, and
11. financial support and stability.

John Hinckley has not been observed or to have reported symptoms of 1) depression, 2) isolation, although his socialization remains challenging, 3) psychosis, 4) level of insight into his mental illness has improved 5) personality disorder, although he continues to have some difficulties in his interpersonal relationships and expectations, 6) access to weapons, 7) lack of family support, which has been clearly eliminated in his current and future planned living situation, 8) history of suicide attempts, which have not recurred since 1983, 9) difficulty in

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relationships with friends, which remains challenging in part because some of the friendships he has made being limited due to the choices of friends to move to other areas, reduced contacts by them, and illness, 10) deception, which has not been reported in the records or in collateral interviews with his treatment team, observed by family members, or reported or observed during my examination with him, and 11) financial support and stability, which has been largely addressed by his case manager, Jonathan Weiss, in assisting with his obtaining financial support via Medicaid, SSDI, and Mr. Hinckley's efforts at self-employment via his [REDACTED] and his internet sales.

The identified risk factors require continued treatment and/or monitoring, however none of those risk factors appear to have been exacerbated by his placement in the community on Convalescent Leave and several are absent. The Violence Risk Assessments conducted by Mitchell Hugonnet, Ph.D. and Samantha Benesh, Psy.D. and medical records also support the Department of Behavioral Health's recommendations, as do the collateral interviews with his Williamsburg treatment team, Dr. Nicole Johnson representing the Department of Behavioral Health, and collateral interviews with his family members.

Based on my examination of Mr. Hinckley and collateral interviews I conducted, it appears the future plans for Mr. Hinckley's treatment include the continuation of his current Williamsburg treatment team members in support of his recovery and continued residence in the family home in Williamsburg. However, Dr. Giorgi-Guarnieri, Mr. Weiss and Mr. Beffa have all indicated they may not continue in providing treatment to Mr. Hinckley for more than the next year or two. Part of the treatment plan should they discontinue treatment is for Mr. Hinckley to receive services from the Colonial Services Board which has been explored and as he is now a resident of Williamsburg, Virginia, he would be eligible for services. Of concern expressed by treatment team members as well as based on my own experience is that the Colonial Services Board would not likely be able to provide the intensive case management services provided by Jonathan Weiss or the familiarity and levels of experience of other treatment providers to comply with the Court's requirements and forensic reporting.

In addition, the plan for Mr. Hinckley's independent living could include his living on his own in his own residence as well as the expressed plan of John and Scott Hinckley becoming roommates in a living environment such as an apartment or a house. These plans are critically important and transition from his current highly interactive and supportive Williamsburg treatment team and continuously supportive and forensically responsible Department of Behavioral Health are essential for successful implementation. I believe I have identified my reasons for agreeing with the Department of Behavioral Health's 501(e) recommendations including not recommending John Hinckley, Jr. for unconditional release at this time.

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This report is based on available information as listed/noted in this report. Should additional information be provided I will assess that information in an updated report or addendum, as necessary.

I hope this report has been informative and helpful and I will remain available for further participation in this matter as necessary.

Respectively Submitted,

A handwritten signature in black ink, appearing to read "Raymond F. Patterson, M.D.", written in a cursive style.

Raymond F. Patterson, M.D., DLFAPA

MITCHELL H. HUGONNET, PH.D.

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LICENSED IN DC, MD, VA

October 22, 2018

United States Attorney for the District of Columbia
Judiciary Center Building
555 4th Street, N.W.
Washington, DC 20530

Re: *United States v. John W. Hinckley, Jr.*, Case No. 1981- CR- 306

Introduction:

I was retained by the Office of the U.S. Attorney to independently review John W. Hinckley's mental condition and risk of dangerousness, with respect to proposed modifications of the requirements specified in U.S. District Court Judge Paul L. Friedman's 2016 court order governing Mr. Hinckley's convalescent leave. Judge Friedman signed the order approving the government's motion to retain this psychologist on August 17, 2018:

ORDERED that Dr. Mitchell Hugonnet, may conduct such examination of John W. Hinckley in order to determine Mr. Hinckley's present mental condition and risk of dangerousness if unconditionally released or conditionally released under the conditions proposed by the Department of Behavioral Health.

The Violence Risk Assessment Report authored by Samantha M. Benesh, Psy.D., ABPP on behalf of and under the auspices of the Department of Behavioral Health considered these proposed modifications to Mr. Hinckley's current court order, signed by Judge Paul L. Friedman on July 27, 2016. Mr. Hinkley was discharged from St. Elizabeths Hospital inpatient services to full-time convalescent leave on September 10, 2016.

Mr. Hinckley was referred by FOPD for an updated risk assessment. The purpose of this assessment was to provide risk management recommendations relevant to his convalescent leave status and long-term treatment planning. Specifically, the Forensic Outpatient Review Board is seeking recommendations regarding the court modifying the conditions of Mr. Hinckley's release to permit him to:

- a. Reduce visits with Dr. Johnson at FOPD in Washington, DC;
- b. Reduce phone contact with Dr. Johnson;
- c. Display and/or sell his artistic works, such as photographs, paintings and music;
- d. Live independently;
- e. Travel independently outside the 30-mile radius stipulated in the current order;
- f. Obtain a website to sell items as part of his antique mall business;

- g. Transfer his care from his current treatment providers to the public mental health system in Virginia, namely Colonial Behavioral Health.

When asked about his current community supervision plan and goals for the future, Mr. Hinckley stated his current court order lists nearly 35 conditions for his release, which are “all easy to follow.” However, he noted several conditions he would like to see modified in the future. Mr. Hinckley stressed that the court recognizing his ability to care for himself and live independently was his main goal, but he also is requesting that the conditions of his release to be modified to allow him to travel to Richmond and Norfolk independently; reduce contact with Dr. Johnson; permit him to share his music online anonymously; and authorize online sale of items for his [REDACTED] [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Executive Summary:

John W. Hinckley, Jr. is a 63-year-old man (DOB: May 29, 1955), presently residing in Williamsburg, Virginia in the Hinckley family home. Mr. Hinckley shot President Ronald Reagan and others in a foiled assassination attempt, outside the Washington Hilton Hotel, on March 30, 1981. The bullets struck the President, Press Secretary James Brady, Secret Service Agent Timothy McCarthy, and Metropolitan Police Officer (MPD) Thomas Delahanty. Mr. Hinckley was adjudicated Not Guilty by Reason of Insanity (NGBRI), by jury trial, on June 21, 1982. The jury verdict found Mr. Hinckley NGBRI with respect to four counts of attempted murder, four counts of criminal possession of a weapon, and four counts of possession of a prohibited weapon. The next day, on June 22, 1982, Mr. Hinckley began a 34-year forensic inpatient commitment to the John Howard Pavilion (JHP), Saint Elizabeths Hospital’s (SEH) forensic inpatient services division. On July 27, 2016, the Court granted Mr. Hinckley convalescent leave. Mr. Hinckley was discharged from inpatient care at SEH on September 10, 2016. Mr. Hinckley is presently on convalescent leave and requesting modifications to Judge Friedman’s July 27, 2016 order.

Mr. Hinckley’s social history, and his extensive 36 year legal and mental health history are well documented in the reports I have reviewed and referenced below. Please refer to these reports and records for this information.

Mr. Hinckley has been living at the home of his mother, JoAnn Hinckley and older brother, Scott Hinckley in Williamsburg, Virginia. Mr. Hinckley remains under the supervision of the District of Columbia Department of Behavioral Health (DBH) Forensic Outpatient Department (FOPD); every month he reports to senior psychiatrist Nicole Johnson, MD, at the DBH office on 35 K St., NW, in Washington, DC. Mr. Hinckley drives himself to these monthly appointments in the District of Columbia. Mr. Hinckley maintains telephone contact with Dr. Johnson weekly. Both report that this arrangement has been working very well. In Williamsburg, Mr. Hinckley is in active treatment with a multidisciplinary treatment team; Mr. Hinckley holds all members of his treatment team in high regard. The treatment team is presently comprised of psychiatrist, Deborah Giorgi-Guarnieri, MD (Dr. G-G), individual and group therapist Carl Beffa, LCSW, case manager Jonathan Weiss, LCSW, and music therapist Nicole Drozd, MS, MC-BT. Mr. Hinckley has worked with Dr. G-G, Mr. Weiss and Mr. Beffa going on 3 years now.

The consensus of the Virginia treatment team and DC DBH Dr. Nicole Johnson is that Mr. Hinckley’s progress has been excellent. Mr. Hinckley’s mental status has remained stable,

asymptomatic and within normal ranges across multiple emotional and behavioral domains. All of the Mr. Hinckley's current treating professionals consider Mr. Hinckley to be at low risk for psychological decompensation (e.g. depression and extended isolation) and consequently at low risk for harming others.

Dr. Sidney Binks was Mr. Hinckley's individual therapist at St. Elizabeths since 1998, for approximately 19 years; Dr. Binks terminated with Mr. Hinckley on March 22, 2017. Dr. Binks's termination note contained a sole diagnosis of Major Depressive Disorder, with psychosis, in remission. Dr. Binks (and other evaluators) noted that Mr. Hinckley never suffered a recurrence of psychosis or Major Depressive Disorder during the 19 years Dr. Binks had direct knowledge of Mr. Hinckley. Dr. Binks believes that Mr. Hinckley's risk for future violence will be "*entirely dependent*" on *whether* Mr. Hinckley becomes "*severely depressed, with no treatment, for a long time.*" Other risk assessors, (Drs. Carpenter and Murphy), had already put forth similar opinions that were consistent with Dr. Binks' March 2017 termination note.

Simply put, if Mr. Hinckley remains in treatment, defined here as adhering to the conditions, requirements and programming specified in Judge Friedman's current and subsequent convalescent leave court orders, Mr. Hinckley's risk for becoming depressed and isolated is low. Sustaining these negative conditions over a sustained period of time would be impossible with the extensive monitoring, multiple weekly treatment contacts and near daily programming requirements and guidelines that are spelled out in the convalescent leave orders issued by Judge Friedman. Mr. Hinckley's risk for psychosis is especially low under present court ordered conditions; it follows that risk of violence has been and remains especially low and unlikely. Risk of violence is the last and least probable link in a four or five link chain; four other conditions must be in effect before risk of violence becomes remotely possible.

The treatment plan in effect since Mr. Hinckley began full time convalescent leave, has been comprehensive, with specific goals, plans and responsibilities for implementing and monitoring treatment adherence and progress. Mr. Hinckley's current treatment team believes that he will continue to make significant strides towards independent living; Mr. Hinckley attends all appointments on time, participates actively in all therapies, and exhibits responsible decision making. He has been able to successfully apply for government benefits as planned. Mr. Hinckley maintains a busy schedule, including taking care of his mother, organizing and maintaining the family household, including cleaning, shopping and meal preparation. Under the supervision of Mr. Weiss, Mr. Hinckley started his own profitable [REDACTED]; he successfully maintains a [REDACTED] near his home, keeping it [REDACTED]. He anonymously sells books on the internet working with a local pastor and under supervision of Mr. Weiss. Finally, Mr. Hinckley continues to write and record music with his guitar and keyboard. He paints and takes photographs; at one point, his photography was supervised by a retired professional photographer.

Mr. Hinckley has expressed interest in exhibiting his music and art in an anonymous fashion, without monetary gain. This information was conveyed to me by Mr. Hinckley and members of his treatment team. Mr. Hinckley's activities, treatment response and clinical condition are extensively documented every month by Mr. Hinckley's treatment team. These records are sent to DBH monthly and reviewed by Dr. Johnson before being submitted to the US District Court. During my interviews with Mr. Hinckley, we discussed his requested modifications to the present court order in effect since his release from inpatient treatment in 2016. Our conversations included discussions about his life in Williamsburg, thoughts about his future and recollections from his past. Consistent with current clinical reports and records, (as well as reports and records from St. Elizabeths spanning 34 years), Mr. Hinckley's mental status is within normal ranges, he

is completely asymptomatic. His long-standing mental health diagnoses continue to be in full remission, as has been the case for the past 20 plus years. Mr. Hinkley continues to adhere to his prescribed medication regimen, which has remained the same since his final days as an inpatient at St. Elizabeths Hospital.

DSM-5 Diagnoses:

296.36 Major Depressive Disorder, Recurrent, In Full Remission
298.8 Other Specified Schizophrenia Spectrum and Other Psychotic Disorders
301.81 Narcissistic Personality Disorder
301.20 Schizoid Personality Disorder, premorbid

Medications:

Zoloft 125mg AM & 25mg PM
Risperdal 1mg AM

Interviews:

- Forensic Interviews and Psychological Assessment:
 - Forensic Clinical Interviews and Psychological Assessment of Mr. Hinckley on September 29 & 30, 2018, lasting approximately 9 hours.
 - Tests Administered:
 - Minnesota Multiphasic Personality Inventory, second edition, (MMPI-2)
 - Minnesota Multiphasic Personality Inventory-2, Restructured Form (MMPI-2 RF)
 - Personality Assessment Inventory (PAI)
 - NEO-3
- Collateral Interviews:
 - Telephone interviews with members of Mr. Hinckley's treatment team in Williamsburg, Virginia:
 - Jonathan Weiss, LCSW, Case Manager, October 12, 2018, 1 hour
 - Nicole Drozd, MS, MC-BT, Certified Music Therapist, October 14, 2018, 1 hour
 - Deborah Giorgi-Guanari, MD, Psychiatrist, October 16, 2018, 45 minutes
 - Carl Beffa, LCSW, Group & Individual Therapist, October 22, 2018, 15 minutes
 - Telephone interview with DC Department of Behavioral Health:
 - Nicole R. Johnson, MD, Psychiatrist, Director FOPD October 12, 2018, 25 minutes
 - Collateral Interviews with Mr. Hinckley's family
 - JoAnn Hinckley, mother, September 30, 2018, 1 hour
 - Scott Hinckley, older brother, September 29, 2018, 1 hour
 - Consultation with Raymond Patterson, MD, Forensic Psychiatrist, October 14, 2018, 25 minutes

Documents Reviewed:

SEH/JHP Inpatient Records:

- Report of Forensic Psychiatric Evaluation by Thomas Goldman, MD, November 09, 1981

- Report of Forensic Psychiatric Evaluation by William Carpenter Jr., MD, November 13, 1981
- Report of Forensic Psychiatric Evaluation by David Bear, MD, October 25, 1981
- Psychological Test Report by Thomas J Polley, PhD, July 28, 1982
- Bolton Report by Glenn Miller, MD, July 30, 1982
- Order of Commitment, US District Court, Washington, DC, August 10, 1982
- Nursing Note re: Mr. Hinckley's suicide attempt by Esther Moore, February 13, 1983
- Neurological Consultation by Kenneth Rickler, MD, March 4, 1983
- Psychological Evaluation by Timothy Koltuniak, PhD, August 2, 1985
- Psychiatric Evaluation Report by Glenn Miller, MD, February 12, 1987
- Clinical Summary by David Powell, PhD, September 11, 1989
- Recommendation for Transfer by John D Wilson, MSW, November 27, 1990
- Recommendation for Transfer to Minimum Security by Susan Lerner, PhD, May 11, 1992
- Recommendation for Class D Privileges by John Kelley, MD, October 8, 1992
- Status Report by John Kelley, MD, January 3, 1996
- Psychiatric Evaluation by William T. Carpenter Jr, MD, November 16, 1996
- Psychological Evaluation by David Shapiro, PhD, November 18, 1996
- Psychological Evaluation by R. Mark Binderman, PhD, November 20, 1996
- Recommendation for B City Privileges by John Kelley, MD, May 30, 1997
- Forensic Mental Health Assessment by Kirk Heilbrun, PhD, June 3, 1997
- Psychological Risk Assessment by Paul Montalbano, PhD, February 8, 1999
- Psychological Risk Assessment Update by Paul Montalbano, PhD, November 30, 1999
- Updated Risk Assessment by Paul Montalbano, PhD, January 22, 2003
- Psychological Testing Update by Paul Montalbano, PhD, August 4, 2003
- Psychiatric Evaluation Report by Raymond Patterson, MD, October 29, 2004
- Psychiatric Evaluation Report by Robert Phillips, MD, November 1, 2004
- Psychological Risk Assessment Update by Paul Montalbano, PhD, November 1, 2004
- Psychological Risk Assessment Update by Paul Montalbano, PhD, March 30, 2007
- Psychological Risk Assessment Update by Paul Montalbano, PhD, May 28, 2008
- Comparison of Psychological Testing, 1981-2008
- Violence Risk Assessment Update by Katherine Murphy, PsyD, August 31, 2011
- Forensic Psychiatric Report by Raymond Patterson, MD, November 14, 2011
- Forensic Psychiatric Report by Robert Phillips, MD, November 17, 2011
- Violence Risk Assessment Update by Katherine Murphy, PsyD, March 31, 2015
- Court Opinion & Order for Conditional Release on Convalescent Leave by US District Judge Paul L. Friedman, July 27, 2016

DBH/FOPD Outpatient Records:

- Nicole R. Johnson, MD, monthly progress notes, September 2016 to September 2018
- Treatment Team Progress Notes by Jonathan Weiss, LCSW, Carl Beffa, LCSW, Deborah Giorgi-Guarnieri, MD, Nicole Drozd, MS, MT-BC, Sidney Binks, PhD (DBH), and Les Solomon, September 2016 to September 2018
- John Hinckley, Handwritten Daily Activity Logs, October 2016 to September 2018

Forensic Qualifications:

I have practiced forensic psychology for 30 years in a variety of evaluation and treatment settings. Over the course of two (2) years I completed an APA internship and residency in clinical psychology under the auspices of the clinical division of the National Institute of Mental Health (NIMH), St. Elizabeths Hospital (SEH) in the forensic inpatient division, John Howard Pavilion (JHP). Three years later I returned to St. Elizabeths' JHP where I directed a forensic inpatient pre-trial evaluation and treatment unit for 14 years. My forensic work at SEH-JHP included training psychology interns, residents and medical students. In this capacity, I personally conducted pre- and post-trial forensic assessments involving competence to stand trial (CST), criminal responsibility (insanity), competency to waive the insanity defense (Frendak), Miranda rights waivers, sexual and violence risk assessments, and eligibility for civil commitment.

For 15 years, I have been a supervisory forensic psychologist at the Child Guidance Clinic of the Superior Court of the District of Columbia; I served as the Director of Internship Training at the Clinic for nine years. The Clinic conducts forensic evaluations and provides specialized treatment, including risk management, for adolescents in Washington, DC's juvenile justice system. As the Director of Internship Training for the Superior Court's APA accredited psychology internship program, I developed and administered a comprehensive clinical training program with an emphasis on forensic psychological assessment of delinquent youth charged in the Family Division of Superior Court. These court-ordered evaluations include competence to stand trial (CST), competency to waive Miranda rights, juvenile transfer to adult court, assessment of violence and sex offense risk, neuropsychological, psychological and psycho-educational assessments, both pre- and post-disposition. I regularly conduct juvenile CST assessments and I designed and direct the Superior Court's juvenile trial competency attainment training program (CAT). In 2004, I developed and continue to direct the SAVE (Sexual Abuse Violates Everyone) assessment and treatment program for juvenile sex offenders adjudicated and supervised by the Superior Court of the District of Columbia; until recently, SAVE was the first and only juvenile sex offender treatment program in Washington, DC.

In my private practice with adult forensic cases, I have been qualified as an expert witness in forensic psychology in U.S. District Courts in Maryland, Virginia and Washington, DC, state and county courts in Maryland, Virginia and Washington, DC. I have never failed to qualify as an expert in any jurisdiction. I regularly conduct privately retained adult CST evaluations, sexual and violence risk assessments, insanity examinations, and sentence mitigation. I have been retained by both the United States Attorney and the Public Defender Service in the DC metropolitan area.

I served as consulting psychologist to Police and Fire Clinic Associates for eight years (2001-2008). In this capacity, I conducted over 200 psychological and neuropsychological evaluations to determine fitness for duty or retirement disability for the Metropolitan Police Department (MPD) and District of Columbia Fire Department (DCFD) in Washington, DC.

To practice in Virginia, I completed training in juvenile and adult forensic assessment at the University of Virginia's Institute of Law, Psychiatry & Public Policy (ILPPP). ILPPP training is required to practice forensic psychology in Virginia. I am certified (CSOTP) by the Commonwealth of Virginia to evaluate and treat individuals charged with and convicted of sex offenses. I completed post-doctoral training in clinical neuropsychology at the Fielding Graduate University under the supervision of Dr. Allan F. Mirsky.

Disclosure of Limited Confidentiality and Interview Parameters:

The interviews and psychological testing of Mr. Hinckley, his mother and brother were conducted at the family residence in Williamsburg, VA on September 29 & 30, 2018. Members of the treatment team were interviewed by telephone. Prior to each interview, all were advised of the parameters of the interview and limits of confidentiality:

- This psychologist was retained by the Office of the U.S. Attorney to review the status of Mr. Hinckley's convalescent release.
- U.S. District Court Judge Paul L. Friedman issued an order approving the government's motion to retain this psychologist on August 17, 2018.
- As applicable, all those interviewed were informed that their interview would be recorded and was not confidential; likewise, testing and all provided records associated with the Hinkley case, would not be confidential. Interviewees were informed that any information provided to me may be contained in my forensic report which would be provided to all parties, including the Court, government and the defense. Furthermore, Court testimony may be required which would likely involve sharing this information in open court.
- Mr. Hinckley, family members, and members of his treatment team referenced above, affirmatively stated an understanding of these limits of confidentiality and associated parameters of this evaluation. All verbalized consent to be interviewed and recorded. After affirming an understanding of these caveats, the interviews commenced.

Psychological Testing:

As referenced above, I administered four psychological tests to Mr. Hinckley on September 29 & 30, 2018 in the family residence. Three of these tests were broad band measures of psychopathology typically used in forensic settings and used in prior risk assessments by clinicians at St. Elizabeths Hospital and John Howard Pavilion. The fourth test assessed normal personality rather than psychopathology. There were no indications of psychopathology in the present testing; results were within normal ranges across all three tests. The primary domains of interest with respect to Mr. Hinckley's risk of mental decompensation or risk of dangerous behavior, his measured level of depression, degree of social isolation, presence of significant narcissism, antisocial attitudes, were not elevated at all.

Not only were Mr. Hinckley's psychological test results remarkably consistent with each other, these test results were comparable to results from the psychological testing administered by St. Elizabeths Hospital/John Howard over the past 10 to 20 years that reflected clinical improvement over time. Tracing Mr. Hinckley's psychological test results over 30 plus years, the graphed results steadily move downward over the decades; Mr. Hinkley's early hospital profiles were highly elevated due to his severe mental illness. Over years of continuous inpatient treatment, as his mental health and behavioral stability improved, the test profiles begin dropping from being in high ranges of severe psychopathology in the 1980's to the flattened low normal range profiles evident in this century.

The clinical profiles derived from the present administration of the MMPI-2, MMPI-RF, and PAI were essentially within normal limits. There were no elevations on clinical scales measuring degrees of psychopathology. There were the usual elevations on the Repression and Superlative Self-Presentation scales, which are manifestations of chronic traits of defensiveness that are characterological in nature – to prop up his self-esteem, rather than any attempt to consciously manipulate answers to appear well adjusted. Dr. Murphy's 2015 Risk Assessment noted this pattern:

Mr. Hinckley has produced this profile pattern marked by defensiveness at every administration since evaluated by Marc Binderman, Ph.D. in 1995 and David Shapiro, Ph.D. in 1996. Dr. Shapiro offered [that Mr. Hinckley's] self-favorable ...approach to the inventory...appears entirely attributable to emotional reserve and to genuinely self-favorable attitudes, rather than any deliberate effort to bias his responses to look good (on the test).

These current results are generally consistent with multiple test administrations by St. Elizabeths/John Howard as part of the formal risk assessments prepared for Mr. Hinckley's court hearings. These normal range test results, over this very long period of time, accurately reflects the successful treatment of Mr. Hinckley's mental illness and his post-illness mental and behavioral stability reflected in decades of unremarkable entries in Mr. Hinckley's inpatient hospital records, by multidisciplinary treatment providers over two decades. Furthermore, the current test results were completely in line with the positive reports from Mr. Hinckley's treatment team, a consensus of his treatment providers in both Williamsburg, Virginia and Washington DC.

NEO-3

Test results from NEO-3 describe Mr. Hinckley as an agreeable individual. He is good natured, trusting, well-intended, cooperative, helpful, and modest. He is kind and quick to forgive if slighted. Mr. Hinckley rarely experiences episodes of psychological distress. He is not sensitive or moody; he is calm and even-tempered. Mr. Hinckley is willing to consider novel ideas but he does not seek novelty for its own sake. Mr. Hinckley has a normal need for achievement. He is organized and reliable. Mr. Hinckley enjoys the company of other people but has periods when he prefers to be alone. He has an average energy and activity level. He has the capacity to experience pleasant, cheerful feelings.

Mr. Hinckley is said to cope with everyday life stresses and challenges by using humor, problem solving and direct action. Mr. Hinckley is unlikely to react with hostility toward others, self-blame, or escapist fantasies.

Results of Violence Risk Methods:

The Violence Risk Assessment by Samantha M. Benesh, Psy.D., ABPP, done on behalf of and under the auspices of the Department of Behavioral Health, employed two methods to assess Mr. Hinckley's risk of future violence: The HCR-20 Version 3, employs the structured professional judgment method to evaluate risk factors. The HCR-20 is a widely used method of violence risk assessment. I reviewed Dr. Benesh's ratings for each of the 20 items that comprise the HCR-20 Version 3. I agree with her ratings and her consequent conclusion that Mr. Hinckley is at low risk for future violence according to the HCR-20 Version 3. The actuarial method of evaluating risk of future violence, the VRAG-R was scored properly and placed Mr. Hinckley in the second lowest of nine risk categories. In 2015, Katherine Murphy's VRAG results were identical, placing Mr. Hinckley in the second lowest risk of re-offense category.

Interviews:

Interview with Jonathan Weiss, LCSW:

Mr. Weiss, Mr. Hinckley's case manager in Williamsburg, Virginia, has been working therapeutically with Mr. Hinckley for approximately four years. Mr. Weiss was involved in planning for Mr. Hinckley's full-time convalescent leave, came his full-time case manager approximately two years ago and maintains an excellent therapeutic relationship with Mr. Hinckley as well as the confidence of the Hinckley family. Mr. Weiss said that he is very proud of John described him as doing an excellent job over the past two years living full time in the

community. Mr. Weiss described Mr. Hinckley as becoming progressively more resilient after facing multiple rejections for jobs, volunteer activities and social engagement. Mr. Weiss recalled how shy and quiet Mr. Hinckley was two years ago; Mr. Weiss stated that John has exceeded the goals set for him by his treatment team in many areas of functioning. For example Mr. Weiss stated that nowadays Mr. Hinckley believes in himself, he is not shy or timid as he was two years ago, he is more interested in people and he has become competent at managing his own affairs. Mr. Weiss added that Mr. Hinckley was managing his mother's health issues compassionately and actively. Mr. Weiss stated that Mr. Hinckley is active every day. Although Mr. Weiss sees no need for Mr. Hinckley to continue documenting his activities in daily logs, (a modification to the court order that this psychologist disagrees with), my inspection of logs confirmed how busy Mr. Hinckley tends to be every day.

Mr. Weiss described Mr. Hinckley's [REDACTED] as a continuing success story. His small business there structures his time, motivates him to learn about [REDACTED], provides opportunities to learn business skills and to connect constructively with other people. Mr. Weiss reported John's confidence in working with others and being with others comfortably has been greatly enhanced by his efforts at the [REDACTED]. Mr. Weiss's opinions were in line with Mr. Hinckley's own views about the beneficial effects of his business at [REDACTED]. Mr. Weiss stated that Mr. Hinckley has good relationships with other small businessmen at the [REDACTED]. There have been no problems with members of the public harassing Mr. Hinckley at the [REDACTED].

Mr. Weiss spoke highly of Mr. Hinckley's brother, Scott. He opined that the current plan for John and Scott to share an apartment together in the future was sound. He believed the brothers will continue to be a solid source of support for each other. Mr. Weiss has already referred the brothers to a real estate agent who can help them locate an apartment or condominium when the time comes for them to leave the family house. They plan to look at Newport News and Norfolk in addition to Williamsburg for appropriate, safe housing.

Mr. Weiss discussed his views about treatment planning for Mr. Hinckley over the next two years. Mr. Weiss believes that he and Mr. Hinckley's therapist, Carl Beffa, will probably retire at the end of two years so a new arrangement will need to be developed prior to that event and adequate time should be allowed (several months) for the transition in service providers. While present case management and therapy will stay in place for the next two years, Mr. Hinckley's psychiatrist, Dr. G-G, will terminate with Mr. Hinckley in mid to late 2019.

Mr. Weiss corroborated what Mr. Hinckley had told this psychologist, namely that, he [Mr. Hinckley] knows virtually every point of his lengthy court order and is scrupulous about following every point. For example, Mr. Weiss noted that Mr. Hinckley has been especially conscientious about sticking to the mileage limit imposed upon him for solo driving. When Mr. Weiss and Mr. Hinckley plan a trip, Mr. Hinckley measures and checks the mileage to be sure the trip is appropriate. Mr. Weiss reports that Mr. Hinckley tends to be on time or early for all of his appointments and has been even more conscientious about his mother's medical appointments. Mr. Hinckley was responsible for the majority of his mother's care after she fell and suffered immobilizing injury. Mrs. Hinckley is presently recovering well, due in no small part to her son's daily and strenuous efforts caring for her.

Reflecting upon an incident where a young woman called the police when Mr. Hinckley sent a note to her asking her out for coffee, Mr. Weiss believes that problematic situation may have been do to the fact that the treatment team may push Mr. Hinckley too hard to socialize, without working out step-by-step plans in advance of making such a specific attempt. In any event, in the

wake of that incident, Mr. Weiss reports that Mr. Hinckley is more cautious and is reluctant to take chances meeting any woman without extensive discussion in preparation with his therapist, case manager, and treatment team.

Mr. Weiss affirms that Mr. Hinckley's family continues to be a solid support system for him and Mr. Hinckley reciprocates with significant emotional support for his mother and brother. He believes communication between the family and all members of the treatment team has been and continues to be functional and clear.

Mr. Weiss endorsed the following modifications to the court order: Mr. Hinckley should be able to drive independently destinations such as Richmond, Virginia Beach, Newport News, and Norfolk Virginia. This would require extending the approved radius from 25 to 75 miles. (On this point, this psychologist agrees with Mr. Weiss and Mr. Hinckley). Mr. Weiss endorses Mr. Hinckley's request to display his photography and artwork [REDACTED] provided that complete anonymity is guaranteed and no profit would accrue to Mr. Hinckley. Mr. Hinckley wants to display his photography and other works of art in an anonymous nonprofit fashion in order to derive artistic satisfaction from others appreciation of his work. Mr. Weiss also endorsed Mr. Hinckley's plan to display his music on the Internet in a fashion that is also guaranteed to be anonymous and not for profit. This would be done under the supervision of Mr. Hinckley's music therapist, Nicole Drozd, who would have exclusive access to the site and vet all music and lyrics. This vetting of content would need the approval from the treatment team in Virginia and Dr. Nicole Johnson or her designate in the DC Department of Behavioral Health.

Mr. Weiss summarized Mr. Hinckley's progress as steady and positive. He reported that therapist Carl Beffa has been pleased with Mr. Hinckley's progress, especially his active contributions in group therapy where John established helpful connections with other members of the therapy group. Mr. Weiss emphasized how well Mr. Hinckley has learned to navigate through various bureaucracies to advocate for himself or family members to secure benefits, documents, appointments, etc.

Interview with Nicole Drozd, MS, MC-BT music therapist:

Ms. Drozd supported efforts to enable Mr. Hinckley to display his photography/artwork or his music in discrete, safe public forums for others to appreciate. In her professional opinion, this would be extremely therapeutic for Mr. Hinckley as long as there were procedures in place to maintain his anonymity as the artist and ensure no monetary gain would accrue to Mr. Hinckley. She had appropriate concerns about doing each project slowly and deliberately, one project at a time. In other words, Mr. Hinckley would have to choose between displaying his photography and art [REDACTED] versus displaying his music on the internet. She did not endorse public performances for either his music or artwork. She pointed to technical and logistical issues that would need to be identified and worked out for either of these new ventures to succeed; therefore initiating and completing one project before starting the other project would be essential for her to endorse this modification to the court order. (I agree with Ms. Drozd's therapeutic opinion and her practical guidelines.) Ms. Drozd would be the point person for the display of recorded music online. She alone would have the passwords needed to implement any change to music displayed online. The account would likely be in her name or anonymized in; this would not be Mr. Hinckley's account. She would do initial vetting of the music and lyrics and send the information on to the treatment team in Virginia and to Dr. Johnson at DBH for final approval before uploading to the Internet site. Finally, while Ms. Drozd appreciated how feedback from listeners would be most therapeutic for Mr. Hinckley, satisfying his need as an artist to connect with an audience, Ms. Drozd explicitly did not endorse two-way communication (or chats) on the music

site. In other words, Mr. Hinckley would not be able to respond to listener feedback, or engage in two-way reciprocal texting between artist and listener. I agree with Ms Drozd; anonymity and all associated safeguards, would be compromised should Mr. Hinckley be allowed to communicate with others via the proposed music share site.

Aside from the issues derived from establishing a safe and therapeutic way for Mr. Hinckley to display his recorded music, Ms. Drozd had many positive things to say about Mr. Hinckley's use of music therapy. She agreed with Mr. Hinckley that music therapy should continue once every month, consistent with present arrangements. She believes that Mr. Hinckley needs music to comfort himself, process his emotions, formulate and convey his ideas about life to others in a thoughtful and constructive fashion. She stated that she had listened to at least 10 of his composed songs, including careful review of his lyrics. She stated that Mr. Hinckley is a good lyricist and plays guitar and keyboards well. Discuss his songwriting, she described his lyrics as "thoughtful and sweet" songs, typically inspired by things going on around him. She also said that he was able to write songs around an assigned theme. She described his mental status as "positive, there is no depression; John continues to find comfort in this new environment." Over the course of working with him during the past year "there been no red flag incidents." Ms. Drozd confirmed the task oriented nature of Mr. Hinckley nowadays, noting "his mood is so up when he is creating." Ms. Drozd agrees with expanding his independent driving distance to 75 miles.

Interview with Deborah Giorgi-Guarnieri, MD, (or Dr. G-G, as she is known to colleagues and patients), forensic psychiatrist:

Dr. G-G had multiple positive points to make about Mr. Hinckley's psychiatric treatment: Mr. Hinckley keeps all of his appointments, he is compliant with his medication regimen, he rapidly metabolizes medication, but his medication levels are maintained within a therapeutic range. He remains on the medications he was taking at St. Elizabeths, namely Zoloft and Risperdal. There have been no psychiatric emergencies, even in times of high stress; Dr. G-G noted, "he handled his mother's illness very well." Mr. Hinckley's mental status has remained within normal limits throughout psychiatric treatment with Dr. G-G: there have been no symptoms of depression or psychosis noted. Dr. G-G's report is consistent with medical records and practitioner reports over decades that note Mr. Hinckley's mental disorders to be in full remission. Dr. G-G described Mr. Hinckley's behavior as predictable and reliable; "John does everything we ask him to do." Dr. G-G supports extending Mr. Hinckley's solo driving range to 75 miles, noting no problems over the past two years driving himself to DC for monthly appointments with DBH staff. Dr. G-G termed Mr. Hinckley's desire to put his music online for others to hear, "a reasonable next step," as long as Mr. Hinckley maintains anonymity and does not profit monetarily: "This would be a good way for John to feel connected, more a part of the world, with other musicians." Dr. G-G did not consider Mr. Hinckley's desire for others to hear his music and receive feedback an example of the kind of narcissism that is a risk factor for Mr. Hinckley. Dr. G-G said there had been some talk from the treatment team in Virginia about exploring internet dating for Mr. Hinckley; Dr. G-G would be opposed to such efforts, as would music therapist Nicole Drozd; both consider internet dating far too risky, possibly endangering Mr. Hinckley's personal safety. I agree with both Dr. G-G and Ms. Drozd, Internet dating is not appropriate for Mr. Hinckley. Dr. G-G confirmed she would be ending her practice in Newport News within a year; she stated that she will help with the transition to a suitable psychiatrist. She believes Mr. Hinckley can readily handle this transition. Dr. G-G (and Mr. Hinckley) acknowledged to me that he had readily transitioned to many psychiatrists over the course of the past 36 years in treatment.

Interview with Nicole R. Johnson, MD, Deputy Chief Clinical Officer, DBH, forensic psychiatrist:

As the DBH Chief of Forensic Services, Dr. Johnson has been Mr. Hinckley's clinical contact point since his discharge to full time convalescent leave and relocation to Williamsburg Virginia two years ago. Dr. Johnson was promoted in February 2018 to the position of DBH Deputy Chief Clinical Officer. Nevertheless, Dr. Johnson is amenable to continuing as Mr. Hinckley's monitoring clinician and liaison to the Court for the foreseeable future. Both Dr. Johnson and Mr. Hinckley acknowledge having a satisfactory professional relationship. Mr. Hinckley told this psychologist that he was happy to find that Dr. Johnson is continuing to work with him, despite her promotion. Since discharge from inpatient services in July 2016, Mr. Hinckley drives to the DBH outpatient department once a month to discuss various treatment issues with Dr. Johnson. This arrangement allows Dr. Johnson to clinically evaluate and monitor Mr. Hinckley face to face. Dr. Johnson stated that Mr. Hinckley has never had any problem driving himself from Williamsburg, Virginia to Washington, DC and back again, on the same day. Dr. Johnson supports changing the court order to allow Mr. Hinckley to drive solo, within 75 miles of his residence. Mr. Hinckley asked this psychologist to support changing his meeting schedule with Dr. Johnson to every other month. I suggested to Mr. Hinckley, and subsequently to Dr. Johnson that an application such as Skype could be utilized on the months he did not drive to DC. I believe monthly face to face communication is still helpful to both parties. Both Mr. Hinckley and Dr. Johnson considered every other month Skype sessions, alternating with every other month office visits in Washington, DC, a reasonable compromise.

Dr. Johnson's monthly notes document Mr. Hinckley's stable mental status and schedule of activities in great detail. Dr. Johnson described Mr. Hinckley as "a likable person," with a "wry sense of humor." Dr. Johnson stated that Mr. Hinckley was typically receptive to her suggestions and their therapeutic relationship allowed both of them to "joke with each other." Dr. Johnson noted Mr. Hinckley continues to exhibit normal mental status with no evidence for depression or psychosis. Dr. Johnson noted as a positive factor that the stress associated with transitioning to convalescent leave after 34 years of hospitalization did not precipitate decompensation. Furthermore, she stated that Mr. Hinckley has coped exceedingly well with his mother's illness the stress and responsibility of taking care of her without any deterioration in his mental state. Dr. Johnson praised Mr. Hinckley's comprehensive efforts to nurse his mother back to health.

Forensic Opinion:

Mr. Hinckley has requested reconsideration of several conditions contained in Judge Friedman's convalescent release order signed July 27, 2016. Throughout my assessment, I have approached each of these requests by explicitly trying to broker a deal or compromise with the involved parties, to include Mr. Hinckley, his family members and treatment team members in DC and VA. On the one hand, worthy modifications held promise to sustain, bolster and enhance Mr. Hinckley's emotional health, quality of life, meaningful engagement with others, opportunities for artistic and musical expression, responsible independence, self-esteem, sense of security and his pursuit of happiness, broadly defined. On the other hand, some elements of a proposed modification might unnecessarily increase risk for the entire treatment system, the Court and Mr. Hinckley. Taking each request in order:

a. Reduction in visits with Dr. Johnson at FOPD in Washington, DC from monthly to every other month:

Mr. Hinckley would like to meet with Dr. Johnson in Washington, DC every other month. I suggested that Mr. Hinckley and Dr. Johnson use Skype every other month to ensure continued monthly visual contact. Both said this compromise would work for both of them.

b. *Reduction in phone contact with Dr. Johnson from weekly to every other week:*

Both Dr. Johnson and Mr. Hinckley agree that weekly phone contact has been helpful. Nevertheless, both Mr. Hinckley and Dr. Johnson would be willing to reduce phone contact to every other week, with the option for increased phone contact if necessary.

c. *Display and/or sale of artistic works, such as photographs, paintings and music:*

This request is complex; the reader is referred to summaries of my interviews with Mr. Hinckley's music therapist and case manager for details. In the course of discussions with Mr. Hinckley and his treatment providers, two items emerged as non-negotiable. First, Mr. Hinckley agreed to forgo any and all financial gain or profit from display of his artistic works such as his photographs, paintings and his recorded musical compositions. Second, Mr. Hinckley agreed to maintain his anonymity throughout and after the conclusion of any exhibition process; the exhibition process could include display in a gallery or in a suitable on-line site. Public performance of his musical compositions would be out of the question because of the need to maintain and abide by the guiding principal of anonymity. On-line suitability would require site security, procedures to ensure anonymity and Mr. Hinckley would have no ability administer, upload or download material or to communicate to or from the on-line site. Mr. Hinckley's music therapist, Nicole Drozd, MS, MC-BT, agreed to control the administration of the website and vet all musical material; she would then forward her recommendations to treatment providers in VA and DC for final approval. Mr. Weiss, Mr. Hinckley's case manager would perform similar functions to display Mr. Hinckley's photography and paintings [REDACTED]. Finally, Mr. Hinckley and his treatment team need to choose to display either his art or his music. These different media pose different, significant and time intensive challenges to realize these plans. It would be unrealistic if not impossible to attempt both at the same time.

d. *Transition to independent living*

Mr. Hinckley plans to continue living with at least one family member for the foreseeable future. In the event of his mother's death, Mr. Hinckley and his brother Scott plan to co-locate an apartment or condominium and live together.

e. *Increase in the approved independent travel distance from 30miles to 75 miles:*

Everyone I interviewed agreed that Mr. Hinckley is ready for an extension of his independent travel up to 75 miles from his residence. This would enable him to pursue additional opportunities for work, socializing, education, attending events, visiting etc. It should be noted that Mr. Hinckley has successfully traveled from his home in Williamsburg, VA to Washington, DC (a distance of more than 150 miles) on a monthly basis to meet with DBH treatment providers. These journeys have been without incident.

f. *Obtain a website to sell items as part of his [REDACTED] business:*

Mr. Hinckley and I did not discuss this request during our time together. This request involves even more complexity than displaying artworks in a gallery or displaying music online. I, therefore, do not believe this is feasible at the present time. Displaying recorded music online might be a useful pilot project to better understand the requirements and issues associated with the potential creation of an online presence for his [REDACTED].

g. *Transfer his care from his current treatment providers to the public mental health system in Virginia, namely Colonial Behavioral Health:*

I do not have sufficient information to offer an opinion on this issue.

h. Discontinue use of the daily log of activities that Mr. Hinckley submits to his treatment team and Dr. Johnson monthly:

Mr. Hinckley's use of the daily log benefits all parties. I recommend that Mr. Hinckley continue to document his daily activities and submit the log according to established procedures.

Mr. Hinckley has been engaged in treatment for three decades and has been even more engaged during his 2 years on full time convalescent leave in Williamsburg, VA. The treatment team in VA and DC has treated, monitored and documented his hard work and progress towards specific treatment goals. These treatment goals are addressing remaining vulnerabilities associated with risk of decompensation leading to increased violence risk. As Dr. Binks said at termination, Mr. Hinckley's violence potential is the last domino to fall in a chain reaction, that starts with prolonged social isolation, leading to the exacerbation of Mr. Hinckley's major depression and psychotic episodes that may involve grandiose delusions. The current psychological testing and results of the actuarial and structured professional judgment risk methods are consistent with the conclusions of risk assessments conducted over the past 20 years: Mr. Hinckley's mental illness has been in full remission for at least 20 years and he has been at low risk for decompensation and acts of violence throughout this time.

This report is based on information obtained from multiple sources. It is believed that all information contained herein is accurate and provides an adequate basis to form both clinical and forensic opinions. However, if the information is later found to be substantially inaccurate or should additional relevant information become available, such information may require a review of and/or an amendment of the opinions stated herein.

The opinions and conclusions contained in this report are offered within a degree of reasonable psychological certainty. I am available to testify about the findings in this report.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Hugonnet", with a stylized flourish at the end.

Mitchell H. Hugonnet, Ph.D
Licensed Psychologist



Violence Risk Assessment Update

July 27, 2018

1. Identifying Information

Mr. John W. Hinckley, Jr. is a 63-year-old (Date of Birth: [REDACTED], 1955) male who was committed to Saint Elizabeths Hospital (SEH) on June 22, 1982. He was found Not Guilty by Reason of Insanity (NGRI) on June 21, 1982 on four counts of attempted murder, four counts of criminal possession of a weapon, and four counts of possession of a prohibited weapon after he attempted to assassinate President Ronald Reagan on March 30, 1981, wounding the President and press secretary James Brady, Secret Service agent Timothy McCarthy and District of Columbia (DC) police officer Thomas Delahanty. Mr. Hinckley was discharged from SEH on convalescent leave status on September 10, 2016 pursuant to the Court's conditional release order dated July 27, 2016.

Mr. Hinckley currently resides at the home of his mother, JoAnn Hinckley, in Williamsburg, Virginia (VA). He is under the supervision of the DC Forensic Outpatient Department (FOPD) and receives care from a multidisciplinary treatment team in Williamsburg consisting of a psychiatrist (Dr. Deborah Giorgi-Guarnieri), individual/group therapist (Mr. Carl Beffa), case manager (Mr. Jonathan Weiss), and music therapist (Ms. Nicole Drozd).

2. Reason for Referral

Mr. Hinckley was referred by FOPD for an updated risk assessment. The purpose of this assessment was to provide risk management recommendations relevant to his convalescent leave status and long-term treatment planning. Specifically, the Forensic Outpatient Review Board is seeking recommendations regarding the court modifying the conditions of Mr. Hinckley's release to permit him to:

- a. Reduce visits with Dr. Johnson at FOPD in Washington, DC;
- b. Reduce phone contact with Dr. Johnson;
- c. Display and/or sell his artistic works, such as photographs, paintings and music;
- d. Live independently;
- e. Travel independently outside the 30-mile radius stipulated in the current order;
- f. Obtain a website to sell items as part of his [REDACTED];
- g. Transfer his care from his current treatment providers to the public mental health system in Virginia, namely Colonial Behavioral Health.

When asked about his current community supervision plan and goals for the future, Mr. Hinckley stated his current court order lists nearly 35 conditions for his release, which are "all easy to follow." However, he noted several conditions he would like to see modified in the future. His primary concern centered on his mother, brother and sister being listed as "responsible persons" in his case. He acknowledged that upon his initial release from SEH this condition made sense as he transitioned to living full-time in the community for the first time in over 34 years but he noted that since late 2016 he has assumed the role

of primary caregiver for his mother and to some extent also fulfills a caretaking role for his brother, Scott Hinckley. Mr. Hinckley described himself as “totally independent,” and stated that, despite the fact that he wishes to remain in his mother’s home until her death, he would like the flexibility to live independently in the future should he chose to do so. Mr. Hinckley stressed that the court recognizing his ability to care for himself and live independently was his main goal, but he also is requesting that the conditions of his release to be modified to allow him to travel to Richmond and Norfolk independently; reduce contact with Dr. Johnson; permit him to share his music online anonymously; and authorize online sale of items for his [REDACTED]. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

■ Notification of the Limits of Confidentiality

This evaluation was conducted at the DC Department of Behavioral Health (DBH)/Mental Health Services Division (MHSD) offices located at 35 K St NE, Washington, DC on June, 26, 2018. Mr. Hinckley was advised of the following:

- a. The undersigned was contracted by DBH/MHSD to complete this evaluation;
- b. The evaluation was to gather information relevant to his risk for re-offending and to assist the court in making decisions regarding the conditions of his release;
- c. The evaluation would include a comprehensive psychological interview, collateral interviews and review of medical and court records;
- d. The evaluation was for legal purposes, and would not include a treatment relationship;
- e. A report of the evaluation would be made available to his treatment team, defense attorney, government’s attorney and the court;
- f. If the undersigned was called to testify, the information obtained from this evaluation, as well as other conclusions, could be made public in court.

Mr. Hinckley voiced understanding of the parameters of the evaluation, indicating he has undergone numerous similar evaluations in the past, and agree to participate in the interview.

Similar notifications regarding the limits of confidentiality were provided to all individuals interviewed as collateral sources. All individuals participating in collateral interviews voiced understanding of the purpose of the interview, including limits on confidentiality, and agreed to participate in the interview.

4. Evaluation Methodology

A forensic psychology evaluation involves answering a question relevant to the court through the collection of information using several methods. This evaluation included the following methods: interview of Mr. Hinckley about his personal and medical history for over 3 hours; review of Mr. Hinckley’s medical and court records; and collateral interviews with JoAnn Hinckley; Scott Hinckley; Diane Sims; Jonathan Weiss, LCSW, Mr. Hinckley’s case manager; Carl Beffa, LCSW, Mr. Hinckley’s individual and group therapist; Nicole

Drozdz, MS, MC-BT, Mr. Hinckley's music therapist; Deborah Giorgi-Guarnieri, MD, Mr. Hinckley's psychiatrist; and Nicole Johnson, MD, FAPA from FOPD. Specialized techniques were also used to assess Mr. Hinckley's relative risk of reoffending while on convalescent leave and to identify viable targets for rehabilitation.

For this evaluation, the risk factors that were considered are empirically selected variables that are known to be correlated with the potential for future general violence (i.e. common attributes among offenders who reoffend). There are several classifications of risk factors. Static factors generally do not change over time and include things such as age at the time of offense, gender, and history of offenses. Dynamic factors can change over time and include employment stability, substance use, and social support. Dynamic risk factors can be potential targets for treatment and rehabilitation.

There are two general approaches to risk assessment. Actuarial methods use statistical probabilities (quantitative factors) to determine the relative risk of an individual offender by comparing him to a sample of similar offenders. This allows the evaluator to identify how often offenders with a similar number of risk factors are rearrested after release. One actuarial tool, the Violence Risk Appraisal Guide – Revised (VRAG-R), was used for this evaluation.

Structured professional judgment is a method in which empirically or theoretically derived risk factors are reviewed systematically and then used to estimate level of risk within qualitative ranges. This method allows for consideration of factors that are more difficult to quantify but have been associated with recidivism in the professional literature. The structured professional judgment tool used for this evaluation was the Historical Clinical Risk Management-20, Version 3 (HCR-20).

The findings of the risk assessment tools are then combined with the clinical evaluation into an integrated risk management assessment.

5. Sources of Information

All records were provided by SEH/FOPD staff. An exhaustive list of all records reviewed is not provided below but rather a summary of the most relevant records considered in this assessment.

SEH Inpatient Records

- November 09, 1981 - Report of forensic psychiatric evaluation by Thomas Goldman, MD;
- November 13, 1981 - Report of forensic psychiatric evaluation by William Carpenter Jr., MD;
- October 25, 1981 – Report of forensic psychiatric evaluation by David Bear, MD;
- June 22, 1982 - Handwritten psychiatric assessment by Joan Turkus, MD;
- June 22, 1982 - Handwritten initial social work assessment dated by John Haram, ACSW;
- June 23, 1982 - Nursing assessment by Ruth Brooks, RN;
- June 28, 1982 - Comprehensive social work assessment by John Haram, ACSW;

- July 28, 1982 - Psychological test report by Thomas J Polley, PhD;
- July 30, 1982 - Bolton report by Glenn Miller, MD;
- August 10, 1982 - Order of Commitment from US District Court, Washington, DC;
- August 13, 1982 - Psychiatric note by Joan Turkus, MD;
- September 3, 1982 - Psychiatric note by Joan Turkus, MD;
- February 13, 1983 - Nursing note pertaining to Mr. Hinckley's suicide attempt by Esther Moore;
- March 4, 1983 - Neurological consultation by Kenneth Rickler, MD;
- April-August 1983 - SEH nursing and case management notes;
- August 2, 1985 - Psychological evaluation by Timothy Koltuniak, PhD;
- September 8, 1985 - Recommendations for B privileges (accompanied) and revision of diagnosis by Joan Turkus, MD;
- February 12, 1987 - Psychiatric evaluation report by Glenn Miller, MD;
- March 9, 1987 - Recommendation for expansion of limited "C" privileges, transfer to medium security and a holiday visit by Robert C Morin, PsyD;
- April 26, 1988 - Recommendation for expansion of limited "C" privileges by Susan Lerner, PhD;
- September 11, 1989 - Clinical summary progress note by David Powell, PhD;
- November 27, 1990 – Recommendation for transfer to a less secure unit by John D Wilson, MSW;
- December 30, 1991 - Recommendation for special C privileges for Christmas Eve Day by Susan Lerner, PhD;
- May 11, 1992 - Recommendation for transfer to minimum security by Susan Lerner, PhD;
- October 8, 1992 - Recommendation for class D privileges by John Kelley, MD;
- May 11, 1993 - Recommendation for additional two hours of structured grounds privileges by James C Word, PhD;
- January 3, 1996 - Status report by John Kelley, MD;
- June 25, 1996 - Recommendation for: 1) Conditional release – one day per month, 9-9 with parents and 2) Regular B city privileges (lift requirements for prior notification to US Govt) by Susan Lerner, PhD;
- July 30, 1996 - Addendum to recommendation for conditional release and regular B city privileges by Susan Lerner, PhD;
- August 29, 1996 - Interview with Ms. Bateman (secretary for Ms. Wick) by Thomas J Polley, PhD;
- August 27, 1996 - Interview with Ms. Wick by Thomas J Polley, PhD;
- November 16, 1996 - Psychiatric evaluation by William T. Carpenter Jr, MD;
- November 18, 1996 - Psychological evaluation by David Shapiro, PhD;
- November 20, 1996 - Psychological evaluation by R. Mark Binderman, PhD;
- November 20, 1996 - Psychiatric note/Revised opinion regarding privilege increase by John Kelley, MD;
- May 30, 1997 - Recommendation for B city privileges by John Kelley, MD;
- June 3, 1997 - Forensic mental health assessment by Kirk Heilbrun, PhD;
- February 8, 1999 - Psychological risk assessment by Paul Montalbano, PhD;
- February 9, 1999 - Recommendation for B city privileges by Robert Keisling, MD;

- May 11, 1999 - Recommendation for B city Privileges by Robert Keisling, MD;
- November 30, 1999 - Psychological risk assessment update by Paul Montalbano, PhD;
- July 10, 2000 - Investigative report regarding conditional release motion by Teresa Stathas, MD;
- July 31, 2000 - Recommendation for B and B city privileges to be advanced to C privileges at the treatment teams discretion by Teresa Stathas, MD;
- August 7, 2001 - Recommendation for transfer to minimum security by Teresa Stathas, MD;
- January 22, 2003 - Updated risk assessment by Paul Montalbano, PhD;
- July 29, 2003 - Response to 501(k) motion by Glenda C James, DSW;
- August 4, 2003 - Psychological testing update by Paul Montalbano, PhD;
- October 29, 2004 - Response to 501(k) motion by Glenda C James, DSW;
- October 29, 2004 - Psychiatric evaluation report by Raymond Patterson, MD;
- November 1, 2004 - Psychiatric evaluation report by Robert Phillips, MD;
- November 1, 2004 - Psychological risk assessment update by Paul Montalbano, PhD;
- 2004 - Social work assessment for overnight visitations and eventual placement with family members by Kevin Shamblee, LICSW, ACSW;
- 2004-2005 - Summary notes of overnight visits by Paul Montalbano, PhD;
- July 20, 2005 - Submission of 501(e) motion by Glenda James, DSW;
- July 20, 2005 - Psychological risk assessment update by Paul Montalbano, PhD;
- April 27, 2006 - Recommendation to continue home visits with parents by Nicole Rafanello, PhD;
- December 4, 2006 - Social work assessment update for expansion of overnight visitations with family members by Kevin Shamblee, LICSW, SCSW;
- 2006-2008 - Summary notes of Mr. Hinckley's overnight visits with his parents by Drs. Montalbano, Rafanello and Lee;
- March 30, 2007 - Psychological risk assessment update by Paul Montalbano, PhD;
- May 28, 2008 - Psychological risk assessment update by Paul Montalbano, PhD;
- August 31, 2011 - Violence risk assessment update by Katherine Murphy, PsyD;
- November 14, 2011 - Forensic psychiatric report by Raymond Patterson, MD;
- November 17, 2011 - Forensic psychiatric report by Robert Phillips, MD;
- September 26, 2014 - Recommendation for 501e motion by VJ Hyde;
- February 13, 2015 - Annual status update by VJ Hyde;
- March 31, 2015 - Violence risk assessment update by Katherine Murphy, PsyD;
- 2014-2016 - Various letters to the court from SEH on travel itinerary and outcome of visits;
- July 27, 2016 - Opinion regarding SEH proposal for full-time convalescent leave for Mr. John Hinckley Jr by US District Judge Paul L. Friedman;
- July 27, 2016 - Court Order for conditional release on convalescent leave by US District Judge Paul L. Friedman.

FOPD Outpatient Records

- September 2016 to June 2018 - Monthly progress notes to the court drafted by Nicole Johnson, MD, FAPA;
- September 2016 to May 2018 - Progress notes by Jonathan Weiss, LCSW; Carl Beffa, LCSW; Deborah Giorgi-Guarnieri, MD; Nicole Drozd, MS, MT-BC; Sidney Binks, PhD; and Les Solomon.
- October 2016 to June 2018 - Handwritten daily logs of work and travel by Mr. John Hinckley.

Also considered were the following:

- a. Clinical interview with Mr. Hinckley on June 26, 2018 for approximately 3 hours;
- b. Collateral interview with Nicole Johnson, MD, FAPA, on June 26, 2018;
- c. Collateral interview with Jonathan Weiss, LCSW, case manager, on July 13, 2018;
- d. Collateral interview with JoAnn Hinckley, mother of Mr. Hinckley, on July 13, 2018;
- e. Collateral interview with Scott Hinckley, brother of Mr. Hinckley, on July 13, 2018;
- f. Collateral interview with Carl Beffa, LCSW, individual and group therapist, on July 19, 2018;
- g. Collateral interview with Nicole Drozd, MS, MC-BT, music therapist, on July 19, 2018;
- h. Collateral interview with Deborah Giorgi-Guarnieri, MD, psychiatrist on July 23, 2018;
- i. Collateral interview with Diane Sims, sister of Mr. Hinckley on July 23, 2018;
- j. Violence Risk Appraisal Guide-Revised (VRAG-R);
- k. The Historical, Clinical, Risk Management-20, Version 3 (HCR-20).

6. Summary of Background Information

Family and Early Social History

Mr. Hinckley was born on May 29, 1955 in Ardmore, Oklahoma. He is the youngest of three children born to JoAnn Moore and John W. Hinckley, Sr. His parents remained married until his father's death on January 29, 2008, with no significant periods of separation or marital discord. Mr. Hinckley's childhood has been described as relatively uneventful, with no history of behaviors consistent with conduct disorder and no juvenile arrest record. However, he became increasingly isolated and socially withdrawn in late adolescence and exhibited deceptive behavior during his early twenties (e.g., lying to his parents about his college attendance, having a girlfriend, and his whereabouts). In the five years leading up to the instant offenses, Mr. Hinckley had a strained relationship with his parents and had minimal contact with his siblings, Scott Hinckley and Diane Sims.

Legal History

On October 9, 1980, Mr. Hinckley was arrested for the first time after three handguns were found in his suitcase at the Nashville, Tennessee airport. The handguns were confiscated by law enforcement and Mr. Hinckley was released after paying a fine. According to records, he had no other history of involvement with law enforcement prior to the instant offenses.

Substance Abuse History

Mr. Hinckley previously reported using marijuana twice in college but has no other history of illicit drug use. He reported occasional alcohol use prior to the instant offenses but has not consumed alcohol since his admission to SEH in 1982.

Employment History

Prior to his arrest for the instant offenses, Mr. Hinckley had an erratic work history including approximately 15 jobs, with his longest employment lasting 6-8 months. During this timeframe he also had extended periods of unemployment. Mr. Hinckley has previously reported that he was never fired from a job but often left a job without having another one in place. After his admission to SEH, he began an Industrial Therapy (IT) assignment in 1987. He was consistently employed in clerical and library positions at SEH through IT and the Work Adjustment Training Program (WATP) from 1992 until his discharge in 2016. In November 2009, during period of conditional release to Williamsburg, Mr. Hinckley began volunteering at the library at [REDACTED] in VA two days per week. He later transitioned to working five mornings per week in the hospital canteen and continued volunteering there until September 2016, when a change in hospital policy resulted in his position being reallocated to an inpatient consumer.

Relationship History

Prior to the instant offenses, Mr. Hinckley dated "irregularly" but never had a reciprocal romantic relationship. His fixation on Jodie Foster has been well documented, as has his association with the instant offenses and his continued attempts to contact her through the 1980s while hospitalized. After his admission to SEH, Mr. Hinckley was noted to develop an "obsession" with an SEH nurse in 1983 but later that year began his first reciprocal romantic relationship with another SEH consumer, [REDACTED]. He continued his relationship with [REDACTED] for many years, even after she was discharged from SEH. In 1995, an SEH staff member reported Mr. Hinckley was demonstrating an inappropriate interest in her and said she was feeling uncomfortable with the attention he was paying to her. After an investigation by staff, Mr. Hinckley was admonished to stop contacting her and he complied with the instruction. By the end of 2004, Mr. Hinckley's relationship with [REDACTED] changed to a platonic one at her request, which was attributed to [REDACTED] discomfort at the level of attention directed toward her by the media and the court as a result of her involvement with Mr. Hinckley. Although Mr. Hinckley was noted to struggle with the ending of his over 20-year romantic relationship with [REDACTED], he stated it was "not a stinging disappointment."

In October 2006, Mr. Hinckley began a relationship with [REDACTED]. The relationship changed back and forth from a romantic one to a platonic one throughout 2007. However, Mr. Hinckley ended the relationship in late 2007 after he became upset with comments [REDACTED] [REDACTED] made to an evaluator performing an updated risk assessment for the Government's attorney. In January 2008, Mr. Hinckley was noted to be involved with another woman, [REDACTED] but she had a boyfriend, which led her to end her romantic involvement with Mr. Hinckley. They maintained a platonic relationship throughout 2008. In August 2008, Mr. Hinckley renewed contact with [REDACTED] in order to rekindle their relationship, but she declined to do so. In early 2009, it was discovered that Mr. Hinckley had used the SEH library computer to look up pictures of a dental resident who treated

him, as well as [REDACTED]. Later in 2009, his relationship with [REDACTED] grew increasingly distant and he eventually decided to stop calling her.

During the end of 2009, Mr. Hinckley became interested in a woman he met on the treatment mall, [REDACTED]. Throughout 2010, Mr. Hinckley made requests for [REDACTED] to visit him during his conditional release visits to Williamsburg, which both his treatment team and his mother opposed. In December 2010, following [REDACTED] having a "panic attack" at an SEH holiday party, Mr. Hinckley stopped pressing his request for [REDACTED] to visit him in Williamsburg. Mr. Hinckley reportedly proposed marriage to [REDACTED] in March 2011 but in August 2011 stated they were not engaged because she could not be in Williamsburg with him. Mr. Hinckley has maintained contact with [REDACTED] to the present but he has consistently stated that the relationship is a friendship only.

Mr. Hinckley met [REDACTED] on the SEH treatment mall at the end of 2013. They quickly developed a friendship that continued after [REDACTED] was discharged from SEH in early 2014. They maintained contact primarily via phone and she visited him on weekends through May 2014. Mr. Hinckley described the relationship as an emotional, rather than physical, connection. Shortly after his birthday in May 2014 he received a letter from [REDACTED] requesting to end the relationship. Mr. Hinckley was reportedly surprised because they did not have a "falling out" but acceded to her request.

In February 2015, Mr. Hinckley began a relationship with a woman he met at a NAMI group in Williamsburg, [REDACTED]. He reported that the relationship was not romantic but about "companionship." He noted spending time with her at Starbucks and watching movies and playing music during visits together at their parents' homes. [REDACTED] later moved to a group home in [REDACTED] and Mr. Hinckley's contact with her was significantly reduced.

Brief Psychiatric History

Mr. Hinckley did not have a history of psychiatric hospitalizations prior to the instant offenses. He first began outpatient treatment with a private psychiatrist, Dr. Rosen, in April 1980. He self-discontinued the antidepressant prescribed by Dr. Rosen after a few weeks, although he continued to take Valium® (diazepam) daily. In October 1980, his parents sought consultation with another private psychiatrist, Dr. Hopper. Dr. Hopper attempted to taper Mr. Hinckley off Valium® and treated him using biofeedback. Mr. Hinckley was noted to attend appointments irregularly leading up to the time of the instant offenses and has previously reported taking up to 20mg of Valium® on the day of the instant offenses.

Mr. Hinckley first attempted suicide via an overdose of Valium® in October 1980 immediately prior to his first appointment with Dr. Hopper. While awaiting trial for the instant offenses, he attempted suicide via an overdose of Tylenol® (acetaminophen) in May 1981. He attempted suicide for the third time in November 1981 via hanging. His last suicide attempt occurred on February 13, 1983 when he overdosed on Tofranil® (imipramine). He was found unconscious in his room at SEH and was transported to the Greater Southeast Community Hospital. Although he suffered anoxia secondary to the suicide attempt, records indicate he did not experience any negative sequela as a result.

Mr. Hinckley's inpatient treatment at SEH has been documented extensively over the years in numerous reports and motions filed in the court. Upon admission, he was noted to have depressive and psychotic or psychotic-like symptoms, including grandiose delusions. Although treatment providers initially considered diagnoses of Schizophrenia, Schizotypal Personality Disorder, and Borderline Personality Disorder, Mr. Hinckley was ultimately diagnosed with Major Depressive Disorder, Psychotic Disorder Not Otherwise Specified (NOS), Narcissistic Personality Disorder and premorbid Schizoid Personality Disorder. These diagnoses have remained unchanged since 1985, with the exception of being updated in 2015 to be consistent with the Diagnostic and Statistical Manual of Mental Disorders – 5th Edition (DSM-5)¹.

Throughout his hospitalization at SEH, Mr. Hinckley was treated with a number of different antipsychotic and antidepressant medications, as well as group and individual therapy. Throughout the 1980s, he continued to collect pictures of Ms. Foster and was noted to be deceptive about his correspondence (e.g., writing to Ted Bundy, requesting nude caricatures of Ms. Foster). His faulty judgment and continued deceptive behavior led him to be transferred from medium security back to maximum security in August 1988; he was not transferred back to medium security until January 1991. In July 1992, Mr. Hinckley was transferred to minimum security for the first time.

Mr. Hinckley continued to take antipsychotic medication (i.e., Trilafon ®) until May 1993 when it was discontinued. He remained psychiatrically stable through 1994, engaging in twice weekly individual therapy and monthly family therapy. According to SEH records, his mood remained stable and he showed no signs of thought disorder despite his psychiatric medication being discontinued. He continued to demonstrate gradual improvements in his judgment, empathy and interpersonal skills, although he retained a tendency toward self-isolation. In 1995, Mr. Hinckley again demonstrated poor judgment in interpersonal relationships after he became "infatuated" with a SEH staff member. He reportedly discussed the situation with his therapist and his girlfriend and stayed away from the staff member when directed to do so. In 1996, Mr. Hinckley's petition for unsupervised city privileges was not supported by SEH due to the administration's opinion that the positive changes he was evidencing were "superficial in nature." In September 1998, Mr. Hinckley's family therapy was discontinued by the therapist. In October 1998, Mr. Hinckley was informed that information shared in individual therapy would no longer be confidential (i.e., it would be shared with the treatment team) and, as a result, he terminated individual therapy.

After six years without being treated with antipsychotic medication, Mr. Hinckley was started on a prophylactic dose of 1 mg Risperdal ® (risperidone), nightly, beginning in May 1999. In June 1999, he reinitiated individual therapy with a new therapist, Dr. Sydney Binks. In September 1999, Mr. Hinckley had his first outing off hospital grounds in 10 years. These city privileges were noted to have a "profound impact upon his mood and motivation for treatment." In July 2000, during an investigation conducted in response to

¹ American Psychiatric Association. (2013). **Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition**. Washington, DC: American Psychiatric Publishing.

Mr. Hinckley's request for once weekly conditional release visits with his parents, it was discovered that [REDACTED] had purchased a book about Jodie Foster in 1998 and that Mr. Hinckley failed to disclose the information to the treatment team despite learning of it in May 2000. In response to the treatment team discovering this information, Mr. Hinckley was transferred back to medium security to allow for increased monitoring of his relationship with [REDACTED]. He was approved for Class B city privileges in December 2000 and was approved for Class C grounds privileges in October 2000. He began a WATP assignment at the SEH library in February 2001. Mr. Hinckley was transferred back to minimum security in August 2001.

In December 2003, the court granted Mr. Hinckley conditional release for local day visits with his parents. After his first visit with his parents, Mr. Hinckley was described as "ebullient" by his individual therapist, Dr. Binks. By November 2004, Mr. Hinckley had successfully completed six local day visits and two local overnight visits under the supervision of his parents. SEH records note that his mood continued to be stable and no psychotic symptoms had been in evidence for many years. In addition, it was noted by Dr. Montalbano that Mr. Hinckley's "decision-making, stress tolerance and impulse control have been good both within the hospital and in the community." After he reported in October 2004 that he was feeling anxious, had headaches and was not "just not feeling right," Mr. Hinckley's Risperdal® dose was increased and he was started on Zoloft® (sertraline) 25mg twice per day. He was noted to report increased loneliness but not depression. In April 2006, his Risperdal® had been decreased to 1mg again but his Zoloft® dosage had been increased to 75mg.

In December 2005, after identifying a psychiatrist in Williamsburg (i.e., Dr. Lee) to provide local psychiatric care and support for Mr. Hinckley, he was approved for seven conditional release visits to his parents' home. Three of the visits were of one-night duration and four of four-night duration. He successfully completed the visits from February to August 2006. In August 2006, the court permitted Mr. Hinckley to utilize additional visits of four-night duration with no specific cap. During 2006, Mr. Carl Beffa, LCSW, was added to Mr. Hinckley's Williamsburg treatment team to provide case management services.

In 2006, Mrs. Hinckley was [REDACTED], Mr. Hinckley, Sr. died [REDACTED]. Mr. Hinckley was noted to manage the stress of both situations well, without signs of depression or thought disorder. In late 2008, while awaiting the court's decision on his request for expanded conditional release, Mr. Hinckley reported feeling more anxious and requested an increase in his Zoloft®, which was subsequently changed from 100mg to 150mg. In spring 2009, Mr. Hinckley was put on ward hold after he used the library computer during his WATP assignment to look up pictures of a dental resident who treated him. In June 2009, the court expanded his conditional release to 10 days and nine nights. In February 2010, after obtaining his driving permit, Mr. Hinckley began driving during his conditional release visits to Williamsburg. During this timeframe he also began utilizing three hours of unaccompanied leisure time in the community. By summer 2010, Mr. Hinckley was doing most of the driving for his mother. In October 2010, Dr. Giorgi-Guarnieri took over from Dr. Lee as Mr. Hinckley's psychiatrist in Williamsburg. In January 2011, Mr. Hinckley passed the road test and received his driver's license.

In December 2013, Mr. Hinckley was granted 17-day conditional release visits, including 4-hour blocks of leisure time and permission to drive unaccompanied to and from scheduled appointments and work. Mr. Jonathan Weiss, LCSW, was added to the treatment team as a case manager, while Mr. Beffa transitioned to become Mr. Hinckley's individual and group therapist. Mr. Hinckley continued 17-day conditional release visits without incident up to the time he was granted convalescent leave in July 2016.

7. Outpatient Course

On September 10, 2016 Mr. Hinckley began living full-time in the home of his mother in Williamsburg, VA. In compliance with his court order, Mr. Hinckley attended appointments with Mr. Weiss on a weekly basis, Dr. Giorgi-Guarnieri twice monthly, Mr. Beffa weekly for group therapy and three times per month for individual therapy, Nicole Drozd monthly for music therapy, and he met with his treatment team as a group on a monthly basis. Mr. Hinckley maintained weekly telephone contact with Dr. Johnson and met with her on a monthly basis at FOPD in Washington, DC. Mr. Hinckley continued meeting with Dr. Binks, his individual therapist from SEH, on a monthly basis during his appointments at FOPD. No problems were noted with his independent travel to Washington, DC and he complied with travel routes and times submitted on his itinerary to the Secret Service.

Within the first three months of being in Williamsburg full-time, Mr. Hinckley had, with the assistance of Mr. Weiss, obtained Supplemental Security Income (SSI) and had applications in process for Medicaid, Medicare and Social Security Disability Insurance (SSDI)². A primary care physician was located and he began medical treatment for [REDACTED]. He was working 30 hours per week selling [REDACTED] for [REDACTED] with [REDACTED] and, on his own initiative, [REDACTED]. Mr. Hinckley also adopted a kitten, Theo, through the local humane society. He continued attending NAMI meetings on a weekly basis, as well as all his scheduled appointments with his treatment providers. Progress notes by Mr. Weiss documented that "his initiative and adjustment to life in Williamsburg has exceeded where they [the treatment team] envisioned he would be after three months."

In December 2016, Mr. Hinckley's female friend, [REDACTED], whom he had met at NAMI, moved back to the area from [REDACTED]. However, Mr. Hinckley's contact with her was limited as he was reportedly "uncomfortable with her continued use of substances." In December 2016, Mr. Hinckley also began spending time with [REDACTED] who shared his interest in music. The two would meet to play music, write songs, and record [REDACTED] playing music. However, Mr. Hinckley's contact with him diminished in January 2017 after [REDACTED] moved to [REDACTED].

After his transition to full-time residence in Williamsburg, Mr. Hinckley maintained phone contact with [REDACTED], but his requests for her to visit diminished. In January 2017, Mr. Hinckley reportedly attempted to end his relationship with [REDACTED]. He was described as "conflicted" about the decision but his therapy group offered him support in his decision.

² He was subsequently approved for all applied for benefits.

He ultimately decided to maintain a supportive role in [REDACTED] life but rarely initiates phone contact with her.

On March 22, 2017, Mr. Hinckley attended his last individual psychotherapy session with Dr. Binks. In his termination note, Dr. Binks expressed his opinion that Mr. Hinckley's only diagnosis was Major Depressive Disorder (MDD) with psychosis, in remission; and wrote that his Narcissistic personality traits are only prominent when he is experiencing a psychotic episode. Dr. Binks noted that Mr. Hinckley had not had a recurrence of psychosis or MDD in the 19 years that he had been working with Mr. Hinckley. He further indicated that, in his opinion, Mr. Hinckley's risk for violence was "entirely dependent" on Mr. Hinckley becoming "severely depressed with no treatment for a long time." This opinion echoed the opinion offered by several previous risk assessment evaluators (e.g., Drs. Carpenter and Murphy).

In May 2017, Mr. Hinckley's treatment team, in consultation with Dr. Johnson, made the decision to reduce his psychiatric visits to once per month (from twice per month) and reduce his individual psychotherapy appointments to twice per month (from three times per month). He continued to attend group therapy on a weekly basis. As of May 15, 2017, Dr. Johnson's contact with Mrs. Hinckley was also reduced from weekly to twice per month.

In June 2017, Mr. Scott Hinckley arrived in Williamsburg for a visit [REDACTED]. [REDACTED], he decided to move to Williamsburg permanently and has resided at Mrs. Hinckley's home for the past year. Mr. Scott Hinckley has reported to the treatment team his intent to continue living with his brother in Williamsburg after his mother's death. He indicated he may purchase a condo and have his brother pay rent, or they may share the costs of renting an apartment together.

In late August 2017, Mrs. Hinckley [REDACTED]. Mr. Hinckley assumed the primary caregiving role for his mother after her injury, transporting her to doctor's appointments and running errands for her, including picking up her medications. Although Mrs. Hinckley's physical health has improved she currently ambulates with a walker and Mr. Hinckley continues to serve as her caregiver, assisting her with many activities of daily living.

In August/September 2017, Mr. Hinckley learned that [REDACTED] committed suicide. Mr. Beffa noted that Mr. Hinckley appeared to cope appropriately with [REDACTED] death. He also indicated that Mr. Hinckley's contact with her had diminished over the preceding year due to his concerns about her continued substance use and their relationship had grown more distant as a result.

In September 2017, Mr. Hinckley opened a [REDACTED]. Progress notes indicate the treatment team was pleased with Mr. Hinckley's initiative in starting a new business endeavor; Mr. Beffa reported that Mr. Hinckley earned \$300 in the first 12 days [REDACTED]. As he began spending increasing amounts of time [REDACTED] for his [REDACTED] the time Mr. Hinckley spent working for the [REDACTED]

██████████ decreased significantly. At present, Mr. Hinckley no longer works with Mr. ██████████ and is entirely devoted to his own business ██████████, primarily ██████████. His daily logs indicate he spends time nearly every day working in support of his business and is occasionally accompanied by Scott Hinckley when he goes to the ██████████ or visits ██████████ ██████████.

As Mr. Hinckley began earning increasing amounts of money from his business, Mr. Weiss identified a program called Achieving a Better Life Experience (ABLE) which would allow Mr. Hinckley to deposit money in excess of \$2000 without negatively impacting his SSI, Medicaid and SSDI benefits. Mr. Weiss worked with Mr. Hinckley to set up an ABLE account and encouraged him to begin saving money for long-term goals. Mr. Weiss also assisted Mr. Hinckley with applying to remove Mrs. Hinckley as his representative payee; Mr. Hinckley now manages his benefits independently.

Mr. Hinckley's attempts to initiate relationships with women in the community have been documented in progress notes. Mr. Beffa noted that Mr. Hinckley approached a woman from group therapy in the parking lot after group, which was against group rules. The woman did not return to group therapy after the encounter. Mr. Beffa addressed the issue with Mr. Hinckley, who stated he was "just trying to help her get ██████████ up and running." The woman reportedly did not perceive the interaction that way and apparently believed Mr. Hinckley was interested in her romantically. Mr. Hinckley also wrote a letter to a woman he met in ██████████ inviting her to meet him for coffee. Although he reported having a nice conversation with her prior to delivering the letter, she reacted negatively to the letter and reported the incident to the local authorities, who notified the Secret Service. It was later learned that she was not aware of Mr. Hinckley's identity during their conversation and became uncomfortable once she learned his last name from the letter.

Overall, progress notes from the treatment team document Mr. Hinckley's satisfactory adjustment to the community and his adherence to the conditions of his release. However, he is noted to have a tendency to interact with people who are 20-30 years younger than him, which may be a barrier to forming close friendships and romantic relationships. In addition, his treatment team has expressed some concern with regard to his lack of motivation to engage in recommended social activities. He does not appear to initiate activities; a treatment team member typically must accompany him to an activity for the first time before he will engage in the activity. Exercise and/or physical activity was identified as a particular area in which Mr. Hinckley appears resistant.

Dr. Giorgi-Guarnieri indicated she plans to relocate to California in late 2019 or early 2020. Discussions have taken place among the treatment team and with Dr. Johnson regarding transferring Mr. Hinckley's care to a new provider within the community. In addition, as of February 2018, Dr. Johnson has assumed a new position within DBH/MHSD but will remain in her role as Mr. Hinckley's FOPD point of contact.

Interview with Mr. John Hinckley, Jr.

Mr. Hinckley expressed his opinion that his transition to convalescent leave went very smoothly because it was a normal progression to live full-time in the community after increasingly longer visits to Williamsburg over the preceding 10 years. He did not identify any challenges to his community integration other than overcoming people's preconceived ideas about him in order to build relationships. Mr. Hinckley discussed his effort to maintain a "low profile" as a way of changing people's perceptions of him; he believes that the longer he remains in Williamsburg without any incidents coming to the attention of the public the more likely it is that people will "think 'wow, maybe he's an ok guy'" and be willing to take the time to get to know him better. Mr. Hinckley said he generally feels more comfortable in social situations now than in the past. He no longer feels nervous in groups and said he is more willing to strike up conversations with people. He stated that although "all my life I was introverted," he would no longer describe himself in those terms; "I wouldn't call myself the life of the party but I think I have come out of my shell so to speak."

Mr. Hinckley reported that in June 2017 his brother, Scott, came to Williamsburg for a visit [REDACTED] [REDACTED] Scott decided to remain in Williamsburg at his mother's home. Mr. Hinckley has been happy to have Scott living with him and noted that their relationship is closer now than it has ever been. They regularly run errands together and have attended baseball games and concerts in the community together. Mr. Hinckley said it is "very easy" to live with Scott and, as a result, they are planning to live together after their mother dies. Mr. Hinckley said although he would do well living on his own, he feels obliged to live with brother because Scott does not drive and Mr. Hinckley provides transportation for him. He noted that Mr. Weiss has introduced them to a realtor who will assist them in finding a short-term rental while they are looking for permanent housing, which will be either an apartment or condo. Mr. Hinckley expressed some concern about the high cost of housing in Williamsburg and indicated he is interested in moving to [REDACTED]. However, he stated his brother has told him he prefers to stay in Williamsburg, to which Mr. Hinckley is not opposed.

Mr. Hinckley said although he has discussed with Mr. Weiss and his brother what would happen with their housing after his mother's death, he would like to remain living in her home until that time. He said his mother, who is in her early nineties, is "doing fine health-wise" and has "recovered" from [REDACTED] in August 2017. However, he continues to take her to appointments and assists her around the house. He is "fine" with his role as his mother's caregiver and said it "gives me pleasure and gratification to be able to take care of her." When asked about how he will cope with his mother's death, Mr. Hinckley said, "I will miss her terribly but I know I will be fine." He then discussed his father's death in 2008 and their "estranged relationship up until the last few years" before his death. He stated, "I had what I think a lot of people have that 'I wish I had said this or done this' and so, I think I am trying to do that with mom now." He described "working hard" to take care of his mother in order "to give her good things in her final - I don't want to say days, but time."

Mr. Hinckley spoke with pride about starting [REDACTED] in September 2017. He described striking up a conversation with a man at a [REDACTED] who told him he was

looking [REDACTED]. Mr. Hinckley became “intrigued” and took the initiative to investigate the [REDACTED] opportunity further. He eventually [REDACTED]. Mr. Hinckley spends time nearly every day [REDACTED]. From September 2017 to May 2018 he earned between \$200-500 per month [REDACTED], although he noted 10% of his sales are paid [REDACTED]. On June 1, 2018 [REDACTED] and reported earning \$800 in his first month. Mr. Hinckley said he appreciates that he is able to run his business anonymously [REDACTED]; [REDACTED]. Mr. Hinckley indicated he would like to expand his business in the future [REDACTED]. He said he does not have the skills to manage a [REDACTED] on his own but would like to explore the costs associated with hiring someone to create and manage a website for him.

Mr. Hinckley stated that although his [REDACTED] is going well, “this [REDACTED] is not going to make me rich, [it is] something to have money in my pocket.” Mr. Weiss has assisted him in applying for SSI and SSDI but he noted that with these benefits he is not permitted to have more than \$2000 in his bank account. However, Mr. Weiss recently helped him set up an ABLE account, which allows him to save more money without negatively impacting his SSI and SSDI benefits. Mr. Hinckley said he currently has a “small amount” in his ABLE account. He does not presently have any concerns about his finances, stating “I always have spending money.” He said his brother “has some money” and shares in household expenses, including groceries and upkeep of their vehicle, while his mother pays for utilities and property taxes. When asked about how his financial situation would change after his mother’s death, Mr. Hinckley stated that while some expenses would increase (e.g. housing costs) other expenses would decrease (e.g. food). He also said that his mother has a [REDACTED] and that he would have up to 90 days to move out of the house after her death.

In regard to other activities outside of his [REDACTED], Mr. Hinckley continues to shoot photography “occasionally...either on my own or with [REDACTED] and he plays “music a little more than occasionally.” He acknowledged that he does not play music as often as in the past, stating that this change is largely due to his involvement with his [REDACTED], “but also because of the frustration of producing songs and I can’t do anything with it.” He described his current process of recording songs.

I get it where I think it is really nice. [I] play it for a few family members and then I have to discard it. That becomes frustrating. I know there is a concern that ‘if he wants to put things up anonymously can he stay anonymous?’ but I am sure there are ways.

Mr. Hinckley said that displaying his art and music anonymously is “something we [the treatment team] talked about for years but never came to fruition.” He did not express an interest in selling his art but he said the ability to share his music or art with others would “help me have a sense of accomplishment to put it out there, to get feedback, have others

enjoy it.” When asked his thoughts about what would happen if it were discovered that he was the creator of the art or music, he stated,

I think they [the public] would want to judge me on who I am instead of just seeing the work as it is. They would only have an interest in the artwork or music because it’s me - if it is known that I produced the art work or whatever. The key to doing this would be to try to stay anonymous.

In regard to how he would handle negative feedback on his work, Mr. Hinckley said he is not “thin skinned” and that it would not upset him if “someone said that song sucks.” He further stated, “I just think artists, what drives them is they create something and they want to share it. They don’t want to create and then put it in a drawer.”

Mr. Hinckley said that although he has felt frustrated with his inability to share his music in a larger forum, he still enjoys creating music and engaging in music therapy. He elaborated,

I like it a lot. I think she [Ms. Drozd] was getting the wrong impression that I wanted to stop it. Not quite sure how that developed. I enjoyed it. I think she was thinking ‘He’s not motivated the way he used to be and wants to stop it.’ I don’t feel it that way. I would really like to continue [with music therapy].

He then proceeded to discuss a recent project he completed during music therapy wherein he produced a song with a color in the title. He enjoyed the project and the feedback he received from Ms. Drozd when he shared his song with her.

When asked about interpersonal relationships, Mr. Hinckley said he has a few friendships but does not have any “close” friends, which he described as people he spends time with on a consistent basis. He said friendships are something he needs to work on, stating “I think I would be happier if I had a close friend in Williamsburg, if I had a day-to-day close friend.” He identified a friend, [REDACTED] with whom he used to play music, but said [REDACTED] was recently married and he has not had any contact with him in the past few months. He continues to meet with [REDACTED] to take photographs occasionally and attended a baseball game with him, but their contact has also dropped off over the past year as Mr. Hinckley has been spending considerable amounts of time on his [REDACTED] and has become frustrated with his inability to share his photography with a broader audience (e.g., enter it anonymously in an [REDACTED]).

Mr. Hinckley said he is not currently involved in a romantic relationship and stated his last romantic relationship was with [REDACTED]. [REDACTED] continues to call him on a daily basis but he said their relationship primarily consists of him providing her support as she continues to struggle with symptoms of mental illness. He indicated that although at one time he wanted her to visit him in Williamsburg, he no longer believes it would be a good idea. He cited his treatment team’s concerns that she could decompensate while visiting Williamsburg or act out behaviorally, calling negative attention to Mr. Hinckley. Mr.

Hinckley acknowledged [REDACTED] "propensity for getting in trouble" and said this would be at odds with his desire to maintain a "low profile" in Williamsburg.

When asked about recent attempts to cultivate relationships with women in Williamsburg, Mr. Hinckley related that a few months ago he met a woman in [REDACTED] while he was driving home. He said he noticed the woman [REDACTED] and stopped to engage in conversation with her for approximately five minutes. He felt the conversation went well and, afterward, wanted to ask her to meet him for a cup of coffee. He called Mr. Weiss to discuss the matter, asking for advice, and they determined together that a good approach would be for Mr. Hinckley to leave a note [REDACTED] inviting her to a local coffee shop and providing his contact information. Mr. Hinckley did so but the woman was apparently upset when she learned his last name and "called the authorities." This resulted in the Secret Service being notified. Mr. Hinckley later discussed the event with his treatment team, who suggested he make sure women are aware of his identity prior to him pursuing further social interaction. When asked his thoughts about the event now, he stated, "I don't know if it's fear but people have such a built-up impression of me all these years but once they talk to me and get to know me I think they have a good impression of me." He expressed current interest in a woman he sees regularly at a local grocery store but he is proceeding slowly in his conversations with her to ensure she is aware of his identity and to determine whether she is already involved in another relationship.

Mr. Hinckley said he has been discussing his desire for relationships and efforts to build relationships with his treatment team, as well as during group therapy. He stated, "I think in the beginning individual [therapy] was more helpful but I have really come to like the group, so right now the group [therapy] is more helpful." He identified "the camaraderie" and "feedback" he receives through group therapy as its most helpful aspects. Although he was involved in group therapy while at SEH, many of the group members were "so deep in their illness that I couldn't relate to what was going on in their lives." However, in his current therapy group, "I can relate and help them with their situation and they can help me."

Mr. Hinckley finds it easy to talk with all of his treatment providers and he is happy with the composition of his current treatment team. He is aware that Dr. Giorgi-Guarnieri is planning to relocate in either 2019 or 2020 and although he wishes he could continue meeting with her, he said he accepts that he cannot "change the situation." When asked about how he will handle switching to a new psychiatrist, he stated "I have had many, many psychiatrists in my life. It won't be much of a shock to have another one."

In a discussion of his contacts with FOPD, Mr. Hinckley said he updates Dr. Johnson on his activities and progress during their weekly phone calls. As a result, he finds there is little to talk about during their monthly in-person meetings. In addition, he noted that the drive to Washington, DC each month is sometimes stressful due to traffic, which has contributed to his request to decrease the frequency of his visits to FOPD.

Mr. Hinckley identified his main treatment goal as increasing socialization. He acknowledged that he has been focused on his [REDACTED] and his mother's care to the detriment of engaging in social activities in the community. However, he does view his [REDACTED] as an opportunity for socialization; he reported interacting with the people at the [REDACTED] on a nearly daily basis as well as employees at [REDACTED]. He indicated that as part of increasing his socialization and engaging in more activities in the community, he would like the ability to travel further than 30 miles from his home. He expressed a specific desire to visit Richmond and explore the Norfolk area further.

Interview with Nicole Johnson, MD, FAPA

Despite transferring to a new position within DBH, Dr. Johnson said she will remain Mr. Hinckley's point of contact at FOPD as long as she is employed by DBH.

Dr. Johnson currently speaks with Mr. Hinckley on the phone once per week and meets with him at FOPD in Washington, DC on a monthly basis. He has always been compliant with the conditions of his release requiring him to call Dr. Johnson on a weekly basis and meet in-person monthly. She noted that Mr. Hinckley would like to reduce in-person visits to every 6-8 weeks and phone contact to every other week. However, she expressed concern that Mr. Hinckley's risk to isolate himself may increase if he reduces contact with FOPD. She observed that Mr. Hinckley appears to have "very little motivation" and may be "less engaged" if his appointments are reduced. Dr. Johnson provided the example of Mr. Hinckley's unwillingness to do activities unless a member of the treatment team goes with him and further stated, Mr. Hinckley "always has excuses" for "why he can't do things." Dr. Johnson and the treatment team have prompted Mr. Hinckley to join and utilize a recreation center for exercise, but he repeatedly fails to do so citing various injuries and health concerns. She questioned whether his apparent lack of motivation to engage in activities was due to his personality, a fear of rejection or a combination of the two. In regard to Mr. Hinckley's request to expand the distance he can drive independently to increase opportunities to engage in social activities, Dr. Johnson noted that Mr. Hinckley has never submitted a request to travel alone outside of 30 miles nor has he expressed to her any interest in traveling outside of 30 miles until recently, in the context of this updated risk assessment.

As far as plans for the future, Dr. Johnson said it was her understanding that Mr. Hinckley would remain living in his mother's home until her death, at which time he would move into a new residence with his brother, Scott. Dr. Johnson speaks with Mrs. Hinckley every other week and she had not reported any issues with her son's behavior, mental or physical health. Mr. Hinckley has taken on a "caregiver/nurse role" with his mother and also takes care of his brother "to some extent".

Dr. Johnson is not aware of Mr. Hinckley having any female friends or romantic partners in his life, other than [REDACTED]. According to Dr. Johnson, Mr. Hinckley "broke it off" with [REDACTED] but he continues to speak with her on a daily basis. She stated that Mr. Hinckley "initially didn't understand the risk" of [REDACTED] visiting him in Williamsburg but now appears to understand it would not be in his best interests to have her visit him. Dr. Johnson

expressed concern that Mr. Hinckley has a tendency to focus on women who are 20-30 years his junior and that this may be a barrier to him developing a romantic relationship.

Mr. Hinckley has not had any changes to his psychiatric medications since he was discharged from SEH. Dr. Giorgi-Guarnieri has informed Dr. Johnson she would like to start Mr. Hinckley on [REDACTED]

[REDACTED] Dr. Johnson expressed her opinion that with Dr. Giorgi-Guarnieri relocating in 2019 it may be a good time to transfer all of his mental health care to the public system. However, Dr. Johnson noted that Dr. Giorgi-Guarnieri is currently the only person with a forensic background on Mr. Hinckley's treatment team and it will likely be difficult to find another forensically-trained psychiatrist to add to the team.

Interview with Jonathan Weiss, LCSW

Mr. Weiss described himself as the "care coordinator" for Mr. Hinckley and has been working with him for approximately four years. He is currently in contact with Mr. Hinckley 7-8 times per month. He stated, "I have been surprisingly pleased by the progress John has made" since he was discharged from SEH. He further said, there have been "no major problems with John or his behavior" and that he has been "very direct and honest" with Mr. Weiss during their work together. When he initially began meeting with Mr. Hinckley, he was reticent to become involved in activities and would walk with his "head down," which Mr. Weiss partly attributed to the rejection Mr. Hinckley experienced early on in his attempts to integrate into the Williamsburg community. However, since his release on convalescent leave, Mr. Hinckley "has really blossomed;" he is now "more willing to take some risk and not dismiss things if he has misgivings about them." He sees Mr. Hinckley being more social than he was previously, often striking up conversations with people he meets in the community.

Mr. Weiss said Mr. Hinckley has shown great determination and the ability to handle frustration in a sensible, "not overreactive" manner. He provided the example of navigating "some bumps generated by getting benefits." Mr. Hinckley now receives SSI, SSDI, Medicaid and Medicare benefits. Mr. Weiss also assisted him with the application to remove his mother as his representative payee and become his own social security payee. Although Mrs. Hinckley is "mentally great," Mr. Weiss described her as physically "feeble" and indicated that the reporting requirements for being Mr. Hinckley's payee were becoming increasingly difficult for her to manage. He also indicated that Mr. Hinckley demonstrated the ability to manage his own money and had no need of a representative payee. In addition to applying for benefits and changing his payee, Mr. Weiss assisted Mr. Hinckley in setting up an ABLE account, which allows Mr. Hinckley to deposit up to \$14,000 per year, to a maximum of \$100,000, without resulting in a reduction in his SSI or Medicaid benefits. Mr. Weiss has been "a little frustrated" that Mr. Hinckley has not moved more money into his ABLE account³ but he acknowledged that Mr. Hinckley recently expanded his [REDACTED], which required him to [REDACTED].

³ Mr. Weiss estimated Mr. Hinckley has \$2000 in his ABLE account.

Mr. Weiss described Scott Hinckley moving to Williamsburg last year as “extremely positive.” It was his understanding that prior to the move, Mr. Hinckley did not have a strong relationship with Scott; he was closer to his sister, Diane. However, since Scott moved in, “they go out and do all the shopping together” and “do more together in the community.” Although Scott was historically the “leader of the family,” Mr. Weiss said that now Mr. Hinckley “seems to be the leader between the two of them.” Mr. Weiss has discussed future housing plans with Mr. Hinckley and Scott and has put them in touch with a realtor. Scott has told Mr. Weiss that he and his brother will have 60 days to vacate their mother’s house after her death due to a [REDACTED] but that [REDACTED] [REDACTED] it is possible they will be given longer than 60 days. The current plan is to find a rental in the Williamsburg area that the brothers could share. Mr. Weiss said Scott has committed to contributing “some resources he has” toward either the purchase or rental of a shared residence. While Mr. Weiss sees Mr. Hinckley as having a stable housing situation currently with a plan for the future in place, he also indicated he would like to see Mr. Hinckley and his brother get their own place sooner rather than later to ensure his housing remains stable.

Mr. Weiss was most recently at the Hinckley home at the end of June 2018 and described the house as “spotless” and “well kept.” Mr. Hinckley takes care of most of the household maintenance and chores, occasionally cooks meals for his brother and mother, and does all of the driving for the household. He visits the local grocery store several times per week and has been making an effort to cut down on fast food purchases. Mr. Weiss observed that everyone in the household seems “content” with how bills are paid and expenses are shared. Mr. Hinckley also takes his mother to all of her medical appointments and has been “a major support” for her since she [REDACTED] in August 2017.

Mr. Weiss had lunch with Mr. Hinckley and Scott on July 12, 2018 and visited Mr. Hinckley’s [REDACTED] [REDACTED] that same day. Mr. Weiss noted Mr. Hinckley seemed “like he belongs” at the [REDACTED] and was pleased to see his progress, stating that the [REDACTED] is going “extremely well.” Mr. Weiss has supported Mr. Hinckley in learning about [REDACTED], using computers and getting his taxes completed. He was very complimentary of Mr. Hinckley’s [REDACTED] and the initiative he has shown in this area. Mr. Hinckley spends time at the [REDACTED] “almost every day” and his involvement with the business has increased his number of social connections due to the approximately [REDACTED].

Despite the progress Mr. Hinckley has made in socialization, Mr. Weiss identified this as the area in which he would like to see Mr. Hinckley make the most progress. He said there has “clearly been resistance” from Mr. Hinckley to becoming more involved in activities in the community. However, Mr. Weiss suggested that some of this resistance may be attributed to the treatment team recommending Mr. Hinckley become involved in activities that “are not things that resonate with him tremendously.” He provided the example of the treatment team encouraging Mr. Hinckley to exercise either at the [REDACTED] or by doing yoga despite the fact that Mr. Hinckley does not enjoy physical activity. Mr. Weiss identified past rejection by the community as another possible

contributor to Mr. Hinckley's resistance to engaging in social events. He discussed Mr. Hinckley being denied positions at the [REDACTED] and [REDACTED], being asked to leave a [REDACTED] group event he attended with his sister, and the negative reaction to Mr. Hinckley in the media and community after Mr. Brady's death. Mr. Weiss would like to see Mr. Hinckley become involved in activities that are "meaningful" to him rather than participate only because "he is required or pressured to do things." As an example, Mr. Hinckley took a class on [REDACTED] with Mr. Weiss through the [REDACTED] [REDACTED] in Williamsburg, which is [REDACTED]. Mr. Weiss said Mr. Hinckley has since talked with his brother about taking additional classes together. Mr. Weiss also noted that Mr. Hinckley spends a great deal of time at [REDACTED] looking for [REDACTED] and has even driven to Newport News to look for [REDACTED]. He sees the time Mr. Hinckley devotes to his [REDACTED] as an indication that it is something he enjoys and finds meaningful.

Mr. Weiss suggested that increasing the distance Mr. Hinckley can independently drive from his home may "allow for more integration" and help Mr. Hinckley "get involved in more things." Mr. Weiss observed that Mr. Hinckley has driven to Washington, DC every month without issue and has strictly adhered to the restrictions on his travel. Mr. Weiss related that Mr. Hinckley "made [REDACTED] turn around because there is a certain spot in Newport News that is over 30 miles [away from his home.]" He also recalled that Mr. Hinckley appeared concerned about the distance he would need to travel to attend an [REDACTED] game in Norfolk with Mr. Weiss, which was [REDACTED] miles from his home. Mr. Weiss stated he is "strongly in favor" of the court allowing Mr. Hinckley to travel further than 30 miles from his home independently.

Although he is of the opinion that increasing Mr. Hinckley's travel radius would be beneficial, Mr. Weiss stated that the treatment team "all have come to believe the one real issue for John is his music and art with the restriction the court has placed." Mr. Weiss indicated it "took a while" for the treatment team to realize that the restriction on Mr. Hinckley playing his music publicly "meant anywhere outside his home." Mr. Weiss connected Mr. Hinckley with [REDACTED] and they began taking photographs together, but Mr. Weiss said Mr. Hinckley "has backed off from that" due to frustration with his inability "to put art out there and see what is thought of it." Mr. Weiss explored Mr. Hinckley displaying his photography anonymously at [REDACTED] but learned through Dr. Johnson that it was not "permitted" due to "the way the [court] order was written." Mr. Weiss said,

I believe that if those doors could be opened somehow – he should not be gaining anything monetarily or credit-wise but if somehow the door could be opened to allow him to connect with others, if that would be permissible – making sure he in no way profits from it except emotionally – then from where I sit I think that would be a positive move in the potential to connect and improving his connection.

When asked about Mr. Hinckley's relationships with women, Mr. Weiss said Mr. Beffa would have more in-depth knowledge of that particular area. However, he said he believes Mr. Hinckley "really wants a relationship," although he is not currently involved

in one. Mr. Weiss described Mr. Hinckley's most recent relationship as being with [REDACTED]. Mr. Hinckley met her through NAMI and he discussed his friendship with her with Mr. Weiss. [REDACTED] committed suicide 9-10 months ago and Mr. Weiss noted that "it rocked his [Mr. Hinckley's] world" when he learned of her death. Mr. Hinckley does not talk about [REDACTED] very much with Mr. Weiss and it was Mr. Weiss' perspective that the relationship has "dwindled." Mr. Hinckley indicated to Mr. Weiss that [REDACTED] calls him but "I don't really call her." However, he describes himself as supportive of and empathic toward [REDACTED]. With regard to Mr. Hinckley's ability to engage in relationships, Mr. Weiss stated,

He seems to need to continue to refine skills. He is learning how to approach women in the community...I think on occasions in his desire to connect with women he may have gone too fast, maybe because of who he is – maybe pushing the issue to connect, not in an unseemly way or anything. Carl [Beffa] is working with him on that.

Mr. Weiss then discussed a recent incident where a woman [REDACTED] called the police after receiving a note from Mr. Hinckley. Mr. Weiss said Mr. Hinckley called him to discuss his interest in the woman after he had a friendly conversation with her. Mr. Weiss suggested Mr. Hinckley leave a note in [REDACTED] inviting her to coffee and Mr. Hinckley did so. Mr. Weiss was later contacted by the Secret Service after the woman called the police expressing concern about receiving a letter from John Hinckley. Mr. Weiss said Mr. Hinckley "did nothing wrong" in the situation but that it was a matter of the woman be unaware of Mr. Hinckley's identity. The treatment team has since discussed with Mr. Hinckley the importance of ensuring people are aware of his identity before he attempts to establish a relationship.

Mr. Weiss stated that overall Mr. Hinckley is "doing well" and has been "cooperative." He has not observed any signs of depression, hopelessness, thought disorder, suicidal or homicidal thoughts/behaviors. He observed that when Mr. Hinckley experiences rejection he appears "hurt" but he does not evidence hopelessness. Mr. Weiss said, "He likes life and likes living here and would like a relationship and to express his art."

When asked about transitioning his care to the public system, Mr. Weiss responded by saying "I am torn." Mr. Weiss said the way the current treatment team works together "is positive for John" but that they are "at a point where we are all ready to move forward – to finish retirement." However, Mr. Weiss also said,

I have some real misgivings with the degree of services and care he [Mr. Hinckley] would get through Colonial Behavioral Health [the public mental health provider in Williamsburg] due to limited resources. I know the case managers have 70-80 clients...crises come up and you do the best you can...but psychiatrists there have hundreds of patients...I am real hesitant about that. I wish I wasn't.

In Mr. Weiss' opinion, forming another team of private providers would "make more sense." However, he acknowledged that Mr. Hinckley would then continue to be burdened with the out-of-pocket expense of case management services and music therapy because

Medicare/Medicaid do not cover those services. Therefore, moving Mr. Hinckley's care to the public mental health system would save him money.

When asked if there were any other aspects of Mr. Hinckley's conditional release that he would recommend modifying, Mr. Weiss said that given Mr. Hinckley's strict adherence to the conditions of his release and openness with his treatment team, he believes the requirement for Mr. Hinckley to continue to maintain a written daily log is unnecessary. He acknowledged Mr. Hinckley's past deceptive behavior but noted that there are been no incidents since 2011.

Interview with Carl Beffa, LCSW

Mr. Beffa said he has been working with Mr. Hinckley for 8-10 years, first as his case manager and currently as his individual and group therapist. Mr. Hinckley engages in individual therapy twice per month and group therapy weekly. Mr. Beffa noted Mr. Hinckley "always is five or 10 minutes early and believes if he gets there on time he's late." Mr. Beffa observed that Mr. Hinckley "has been very adamant about doing what needs to be done" and "doing things by the book." He provided the example of Mr. Hinckley becoming "very concerned if he gets to be 5-10 miles from that boundary" of 30 miles or 50 miles with a member of his treatment team. Mr. Beffa also described Mr. Hinckley as "very responsible" and someone who "follows through with what is expected." He acknowledged Mr. Hinckley had "some mess-ups" when he was in SEH but that since he has been in Williamsburg full-time there have not been any issues with deceptive behavior or compliance. Mr. Beffa echoed Mr. Weiss' comments that Mr. Hinckley has "blossomed...seems to be more relaxed and open," as well as "being more social and connected to people." His affect was also described as being brighter, with Mr. Hinckley smiling and generally responding in a light-hearted manner toward the treatment team. In addition, Mr. Beffa has observed Mr. Hinckley being "very empathic and caring" toward his mother, especially in light of her medical problems over the past year.

In individual therapy, Mr. Beffa has been focusing on increasing Mr. Hinckley's socialization, observing him for signs of narcissism, and monitoring his relationships with women. His relationship with [REDACTED] has been an ongoing topic of treatment over the years; with both the treatment team and Mrs. Hinckley discouraging Mr. Hinckley from inviting her to visit Williamsburg. Mr. Beffa said [REDACTED] has a tendency to discontinue her medication and "acts up so often...that could easily draw more attention if she gets involved with local authorities" in Williamsburg. Mr. Hinckley "came around to our way of thinking" by January 2017 and realized it "would be detrimental with his goals" to have [REDACTED] visit Williamsburg. Mr. Beffa described it as a "rather slow process." [REDACTED] continues to call Mr. Hinckley "almost daily" but he describes his relationship with her as that of a "caring friend." He reportedly "worries a little bit" about her but he "knows he can't do anything for her [other than] be there in terms of emotional support."

When asked about other romantic relationships Mr. Hinckley has engaged in over the past two years, Mr. Beffa discussed Mr. Hinckley's relationship with [REDACTED] whom he met through a NAMI meeting prior to his discharge from SEH. Mr. Beffa recalled them meeting for coffee at [REDACTED] several times and spending time at each other's residences. After

█████ moved to █████, their contact reduced significantly. However, even when she returned to the area approximately 18 months ago their contact did not increase substantially. Mr. Beffa said to his knowledge, they last met just over a year ago when █████ requested to come over to the Hinckley residence in order to watch an LGPA tour event. Mr. Hinckley discussed in therapy that he felt “used” by █████ in this instance because “they hadn’t had much contact and all of a sudden she wanted to come over and watch” the LGPA event. Within a week of that interaction, █████ took her own life █████ █████ █████. Mr. Hinckley responded with visible concern and sympathy but Mr. Beffa observed that █████ death occurred “at the same time they were distancing as a relationship due to her continued relapse [with substances]. He was realizing that she was not going to be an ongoing entity [in his life] that would have much long-term potential.”

Other than █████ Mr. Beffa said Mr. Hinckley has not engaged in any close relationships with women since his release on convalescent leave. Mr. Beffa described Mr. Hinckley’s failed attempt to invite a female █████ for coffee by leaving a note in █████. He noted that the treatment team had been “cheering him on” because this was the “first time he had taken the initiative and we were encouraging him to strike up conversation” with a woman. Mr. Beffa said the encounter went “poorly,” referencing the woman calling the police when she learned Mr. Hinckley’s identity. However, through discussions with the treatment team, Mr. Beffa said that Mr. Hinckley “now realizes he needs to make his last name known” and “be up front” about his interest in establishing a relationship. According to Mr. Beffa, Mr. Hinckley has recently mentioned a woman “at a grocery store where he does virtually all of his shopping” who “has apparently taken a liking to him.” Mr. Hinckley discussed the “possibility” of developing a relationship with her but so far has only engaged in casual conversation with her.

Apart from romantic relationships, Mr. Beffa said Mr. Hinckley made attempts to develop relationships with █████ therapy group members. Mr. Beffa has a rule of “no meeting outside of group to socialize,” so Mr. Hinckley waited until he switched to a █████ therapy group before inviting members from █████ therapy group to socialize. Mr. Beffa was aware of Mr. Hinckley spending time with both a man and a woman from the █████ therapy group and indicated that Mr. Hinckley appeared to spend more time socializing with the man due to their mutual interests. However, neither of these interactions developed into close friendships.

Mr. Beffa identified Mr. Hinckley’s brother, Scott, as a personal support for Mr. Hinckley and someone with whom he attends community events. However, he noted that Mr. Hinckley “has to be the instigator or initiator” in order for his brother to engage in an activity outside the home. Mr. Hinckley’s █████ has also been another source of socialization. Mr. Beffa said overall Mr. Hinckley “has become more engaged and caring” not only with family members, but also with members of his therapy group and people he has met at the █████ Despite his progress in socialization, Mr. Beffa is continuing to work with Mr. Hinckley to “try to integrate him more into everyday living” in the community of Williamsburg by establishing relationships.

Mr. Beffa indicated that increasing Mr. Hinckley's ability to travel independently is an aspect of continuing his integration into the community. He would like to see Mr. Hinckley's travel radius increased to 100 miles to allow him to visit places in Richmond and Virginia Beach without being "so concerned about being over the limit" of the travel radius. Mr. Beffa said the increase in the travel radius would open up more opportunities for Mr. Hinckley to attend entertainment, cultural and sporting events in the area. Although Mr. Hinckley has not expressed any political views and has only rarely discussed his past offenses in broad terms when the topic has been broached by other members of his therapy group, Mr. Beffa supported keeping in the place the restriction on Mr. Hinckley going to government buildings.

Mr. Beffa identified displaying art, photography or music as another "avenue" for Mr. Hinckley to increase socialization and community integration. Mr. Beffa observed that Mr. Hinckley has "given up on all three" artistic endeavors because he is unable to have others enjoy or judge his work, stating to Mr. Beffa that "no one is going to appreciate it other than my closet." Mr. Hinckley is "constantly shot down" in Mr. Beffa's opinion, whether it be in his attempts to volunteer in the community or share his art, which Mr. Beffa sees as "debilitating" for Mr. Hinckley. Therefore, he is in support of Mr. Hinckley being allowed to display his work anonymously. When asked about the role of narcissism in Mr. Hinckley's request to display his work, Mr. Beffa said he did not see Mr. Hinckley's narcissism increasing if he were allowed to share his art with others. He noted that Mr. Hinckley has had "a lot of opportunities, if he wanted to take them, to brag" about his accomplishments but that he has not done so either individually or during group therapy. Mr. Beffa recalled Mr. Hinckley only noting "in passing" the compliments on his work he received from a well-known photographer. Furthermore, although Mr. Hinckley is clearly "proud" of his [REDACTED], Mr. Beffa does not see it as narcissism but rather simple pride by a [REDACTED] on a job well done.

Motivation is one area where Mr. Beffa sees room for improvement for Mr. Hinckley. He stated "Jonathan [Weiss] and I always jest with John about the fact that if he has little to no interest in something he doesn't follow through with it." Mr. Beffa provided the example of the treatment team encouraging Mr. Hinckley to become a member of a local gym in order to increase the amount he exercises. Although Mr. Hinckley "hints at doing it" he does not have any "energy or enthusiasm to do it." Mr. Beffa acknowledged that Mr. Hinckley has had some "physical issues" that "could get in the way" of him exercising but he also sees Mr. Hinckley's lack of interest in physical activity as an aspect of his "creative personality." However, Mr. Beffa said there are other areas in which Mr. Hinckley does not "follow through" or "take initiative" such as signing up for [REDACTED] [REDACTED] Mr. Hinckley typically attends community events such as concerts and baseball games with Mr. Weiss but seems less willing to attend these events on his own. Mr. Beffa stated, "In some ways he is kind of a lump. He just doesn't have the energy to put into initiating something unless he knows he is going to like it or he is going to get something from it." Again, Mr. Beffa emphasized that he sees this as primarily being related to Mr. Hinckley's personality, with his history of being rejected by the community as a lesser, secondary contributor to his lack of motivation.

Apart from occasional lack of motivation to participate in some activities, Mr. Beffa said he has also noted “minor” depression and anxiety in Mr. Hinckley related to situational stressors. He observed some anxiety in Mr. Hinckley when his mother [REDACTED], which Mr. Beffa said Mr. Hinckley “handled very well.” Mr. Beffa said Mr. Hinckley was also upset with some aspects of [REDACTED] behavior during their relationship, which he handled by identifying problems and “keep[ing] his distance” from [REDACTED] when appropriate. Mr. Beffa described Mr. Hinckley as “really astute” in these situations and further stated, “he always handles things very well ... in a healthy manner.” When Mr. Hinckley does experience anxiety in relationships, Mr. Beffa said it is “in an emotionally attached, empathic manner.”

In light of Dr. Giorgi-Guarnieri’s upcoming departure from the treatment team, Mr. Beffa said they have discussed transitioning Mr. Hinckley’s mental health care to Colonial Behavioral Health, the public mental health provider in Williamsburg. Mr. Beffa indicated that Colonial Behavioral Health provides psychiatric and case management services, as well as supervised apartments⁴. Regarding the possibility of assembling another private treatment team, Mr. Beffa cited concerns about the costs associated with private care and also expressed his belief that Mr. Hinckley “would be hard pressed to find a treatment team like he has now.” When asked if he had any concerns that Colonial Behavioral Health would not be able to provide the level of support Mr. Hinckley receives now, Mr. Beffa agreed that a case manager from Colonial Behavioral Health would likely not be able to be as involved with Mr. Hinckley as Mr. Weiss has been over the past two years. However, Mr. Beffa also stated “I think John can take care of himself. He has shown the ability to have independence. Very rarely does John call up Jonathan with any problems.” Mr. Beffa opined that “if somebody is on call and checks in once a month [with Mr. Hinckley], I don’t see really an issue. I think John has really become rehabilitated in a very fine way.”

Interview with Deborah Giorgi-Guarnieri, MD

Dr. Giorgi-Guarnieri (GG) has been Mr. Hinckley’s psychiatrist in Williamsburg since 2010. She currently meets with him once per month individually, as well as once per month with the entire treatment team. There have been no changes in Mr. Hinckley’s psychiatric medications since his release on convalescent leave, he continues to take 125mg Zoloft® every morning and 25 mg Zoloft® and 1mg Risperdal® every night. Although she has discussed changing medications with Mr. Hinckley due to side effects, he has indicated he is content with his current medications, on which he has been stable for many years. Therefore, Dr. GG has determined that the best approach is to try to manage the side effects through other medications.

Mr. Hinckley’s primary care provider (PCP) recently started [REDACTED]
[REDACTED]
[REDACTED]. [REDACTED]
[REDACTED]
[REDACTED]

⁴ However, Mr. Beffa noted that Mr. Hinckley would not need residential services because he plans to reside with his brother.

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]. Dr. GG reported some initial challenges in working with Mr. Hinckley's PCP because the PCP was not familiar with the court reporting requirements and did not notify Dr. GG when she prescribed new medications. However, Dr. GG said she discussed the matter with the PCP, who now forwards her treatment records to Dr. GG.

Dr. GG said Mr. Hinckley has "done really well" adjusting to living full-time in the community. She described his mood as "very stable" and has not noted any signs of suicidal or homicidal thoughts, thought disorder or relapse of major depression. She stated that her primary goal for Mr. Hinckley is for him to "lose a little weight and exercise more." She acknowledged that is "hard to do when you have your aches and pains" but that if Mr. Hinckley's health were improved it would "make him more continuously stable."

Dr. GG opined that Mr. Hinckley's community socialization has been adequate, particularly since he has started his business at the [REDACTED] where he "talks to [REDACTED] [REDACTED]." However, Dr. GG observed that the public's generally negative view of Mr. Hinckley has been an obstacle in his ability to socialize.

I think he is more social than he is able to effect in the community. I generally think he likes people and it would be nice for him to be more involved in social things. But it has to be in a setting where they are expecting John. It is not a good idea for him to show up places where nobody knows him. People get worried very quickly.

Dr. GG indicated that this issue is particularly prevalent in Mr. Hinckley's relationship with women. She described the balance between the treatment team "cross examining" Mr. Hinckley on his interactions to ensure he is not creating risk for himself while also suggesting he increase his efforts to establish relationships. She stated "I think a lot of times he is uncomfortable where that leaves him." She provided the example of Mr. Hinckley being encouraged to establish contact with a woman he knew from another setting, to which Mr. Hinckley responded that he was not comfortable doing so without confirming that the woman knew his identity. In this case, Dr. GG felt that Mr. Hinckley appropriately "put the brakes on." Overall, Dr. GG said she is not aware of Mr. Hinckley engaging in any "questionable" behavior around women and there has specifically not been any evidence of him engaging in stalking. From her perspective, the issue has been "more how do you socialize someone who has been institutionalized for 31 years."

Dr. GG stated although she has not finalized when she will step down from Mr. Hinckley's treatment team, she anticipates doing so in the next 18-24 months. She provided notice so far in advance to allow for enough time to locate another forensically-trained psychiatrist and have overlap during the transition. When asked about her thoughts on a transfer to the public mental health system versus locating another private psychiatrist, Dr. GG said there are no other forensically-trained psychiatrists working in the Williamsburg area in private practice. Therefore, Mr. Hinckley would be required to travel a much greater distance if his care was transferred to a private forensic psychiatrist.

However, she noted that Colonial Behavioral Health (i.e., public mental health system) does not have a psychiatrist who is board-certified in forensic psychiatry, although there is a psychiatrist at Colonial Behavioral Health who has been forensically-trained through the state of VA.

With regard to changing contact frequency with FOPD or the treatment team, Dr. GG said “the key” is for the treatment team to be able to increase contact as they deem appropriate. She views this as particularly important as Mr. Hinckley’s care is transferred to a new psychiatrist, as he or she will need to “establish a level of comfort” with the conditions of Mr. Hinckley’s court order, as well as the reporting and risk assessment requirements.

Dr. GG stated it has been “very reassuring” to have Mr. Hinckley’s brother living with him and she feels “calmer about transitioning out of the case” knowing that Scott Hinckley is now living in the local area. She described Scott Hinckley as a “solid guy” and observed that the brothers “like each other” and seem “genuinely concerned for each other’s well-being.” Although Mr. Hinckley has discussed with Dr. GG his plans to live with his brother after his mother’s death, she indicated that he manages his life in an independent manner and she would also be supportive of him living on his own, if he chose to do so. However, Dr. GG cautioned that following Mrs. Hinckley’s death the treatment team should “reassess his adjustment” to ensure he is appropriately handling the loss. Dr. GG said Mr. Hinckley “has always been closest to his mom” and even though the caretaker roles have reversed since Mr. Hinckley has been in the community, she anticipates that Mrs. Hinckley’s death will have a large impact on Mr. Hinckley.

With regard to Mr. Hinckley’s desire to publicly display his photography and music, Dr. GG stated “both his music and his art are really good. I understand why he would want to have the community say something positive about his work.” She identified money and exposure to an audience as the two biggest factors in assessing the risk of Mr. Hinckley sharing his art in public forums. In her opinion, the lowest risk activity would be Mr. Hinckley posting his art anonymously online with no financial profit associated with the display, while the “most risky” activity would be for him to play his music in the community while earning money for his performance. From Dr. GG’s perspective, Mr. Hinckley earning money from his art poses a larger risk of contributing to narcissism. She noted he has mentioned to her in the past that he would like to profit from his art or music and that if he were permitted to do so, his activities would need to be monitored much more closely than if he received no financial gain and posted his work anonymously. However, she stated “I am comfortable with whatever the court decides” regarding Mr. Hinckley displaying his photography or performing music publicly. Dr. GG opined that Mr. Hinckley putting his art on display for the community could be a positive step because it would allow the community to “appreciate his contribution to the community after years of being condemned by the community and society for what he did.”

Dr. GG said she has no concerns about Mr. Hinckley being allowed to travel independently more than 30 miles from his home. She indicated she was the one who initially raised concerns about Mr. Hinckley traveling to Richmond, primarily due the possibility he would be exposed to protestors near government centers. Dr. GG recalled

that at the time the court was considering convalescent leave for Mr. Hinckley, there was a great deal of racial unrest in Richmond and she was concerned for his safety should a protestor recognize him in the vicinity of a government building. However, she said Mr. Hinckley has proven uninterested in politics, even in the aftermath of the 2016 elections. Furthermore, she is confident he will stay away from government buildings if instructed to do so.

Interview with Nicole Drozd, MS, MT-BC

Ms. Drozd meets with Mr. Hinckley in his home on a monthly basis for approximately one hour. She identified her primary goal as assisting Mr. Hinckley in using music to express himself and to engage in recreational activity through music. He frequently plays his own compositions. Ms. Drozd said when she first started meeting with Mr. Hinckley “he would share music and record but because he hasn’t been able to perform or engage... [it was] stagnating a bit of what we did in music therapy.” She noted that he has seemed more engaged in therapy recently since she introduced a “song writing challenge” where he writes a song centered on a topic she provides and then he performs the song for her the following month.

Ms. Drozd has explored events in the local community that would allow Mr. Hinckley to “██████████ with other musicians in the area, participate in an “██████████ or take a group music class in order to increase his socialization. However, she said all options available would not be permissible within his current court order. She expressed concerns for his “safety” and “privacy” if he were to perform in public but also said she believes “he would be happier and more engaged” if he were allowed greater “access to a little more freedom in a public forum.” She noted that while he was in SEH he could share his music with peers but his ability to do so now is very limited. From her perspective, Mr. Hinckley has “been thrown into work he can do” such as the ██████████ because he is prevented from using his music as a social outlet.

If he has the opportunity to perform at ██████████ or with local musicians he would not only be engaging with other people through music but also would be able to share his own gifts and strengths. He is a great guitar player and songwriter and he doesn’t get any feedback other than from [the] treatment team.... He would get social interaction and also validation. He used to do a lot of photography but doesn’t as much because he can’t submit [his work] anonymously.

When asked whether she recommends that Mr. Hinckley continue in music therapy, she said that although he has indicated he would like to continue meeting with her it is “not necessarily something he needs in this moment.” She further explained that a “constant issue is [his] lack of freedom to perform” which creates more “resistance to songwriting or music creation.” Ms. Drozd opined that the therapy “might continue to stagnate without an order being changed at least a little bit... Music is a big part of his life... he is a very creative person and it would bring more happiness and fulfillment to his life to have some restrictions off.”

Interview with Ms. JoAnn Hinckley

Mrs. Hinckley began the interview by stating she “couldn’t speak well enough” of her son’s transition to living full-time in Williamsburg. She said,

John just does everything that he needs to do here and for me. It’s like having a maid in the house. He takes care of all his appointments. I never have to remind him about appointments. He does the grocery shopping, drives everywhere for me. . . [he] never has to be reminded to take medications... I am just so happy with the way things have gone. From day one. I just have no complaint at all to give you.

She said her son, Scott, has also moved into her home and that it “couldn’t be nicer to have two sons together.” She did not identify any problems in John’s relationship with Scott and observed that Scott occasionally helps John at the [REDACTED]. She recalled Diane visiting a few times over the past two years. She indicated that Diane has been very involved with her new grandson in Los Angeles but has expressed her willingness to travel to Williamsburg should they need her to do so. Mrs. Hinckley described her children as “so compatible with each other.”

When her own health was inquired about, Mrs. Hinckley said she [REDACTED] and [REDACTED] last year but is “doing well.” She described herself as “still dependent” on a walker for ambulation but she hopes to “get rid of it” in the future. John “nurses” her and transports her to her doctor’s appointments. He also does chores around the house, including the laundry and shopping. She is no longer his representative payee for his benefits and has noted no problems with John managing his financial affairs.

Mrs. Hinckley affirmed that there are no weapons in their home. She has noted no fluctuations in John’s mood over the past two years and said “his health is good.” In her opinion, he has been enjoying being in Williamsburg full time and she hopes he will be granted UCR in the future so he could be “completely separated” from the court.

Interview with Mr. Scott Hinckley

Mr. Scott Hinckley has been living in Williamsburg, with his mother and brother, full-time since summer 2017. He stated, “From my perspective John’s settlement in Williamsburg has been first rate.” He described attending baseball games and outdoor music concerts with his brother, as well as visiting his [REDACTED] “several times.” Mr. Scott Hinckley said his brother “spends quite a bit of time” on his [REDACTED] and that it is “a good social outlet, surprisingly so.” He noted that his brother appears to have a “very cordial relationship” with the “half dozen people” who work [REDACTED]. He expressed his belief that his brother’s relationships with other people are more extensive now “because of the continuity he has with being able to stay here, he has developed working relationships with folks at the [REDACTED] and I think he’s also been able to do a few things on his own that he wasn’t able to do before when he was going back and forth to the DC area.” Mr. Scott Hinckley noted that John “has a very good relationship with Jonathan Weiss; they do a lot of things together.” He said his brother also still talks to [REDACTED] on the phone but he is unaware of any other relationships he may have with women. He remarked that John has “tried hard to develop relationships with folks in the Williamsburg area.”

When asked about finances, Mr. Scott Hinckley stated “we’re in pretty good shape with finances” although they maintain a “tight budget.” He said when their mother dies, they will have 60 days to vacate the house because it is under a [REDACTED]. He has spoken with both his brother and Mr. Weiss about housing options once their mother dies and the current plan is to share either an apartment or condo in Williamsburg, which they would locate with the assistance of a realtor identified by Mr. Weiss.

Mr. Scott Hinckley said his brother “does a good job” keeping track of all of his appointments, as well as their mother’s appointments. He noted that his mother “needed a lot of care” after she [REDACTED] in August 2017 and that John took the lead in “dealing with our mother.” He indicated that his brother adheres to his schedule of meetings very closely and has never complained about the conditions of his release. However, Mr. Scott Hinckley expressed that it “would be nice if he were allowed to travel more than 25 miles from home” on his own so he could visit more places and pick up family from the airport.

Interview with Diane Sims

Ms. Sims said she calls to speak with her mother and brothers at least once, and sometimes twice, a week. She last visited Williamsburg in October 2017. She indicated her mother’s home is not conducive to her visiting (e.g., she must sleep on the couch) now that her brother, Scott, has also moved into the home. Ms. Sims also stated if she had been concerned about anything with John or her mother she would have visited more often in the past year. However, she said she is “on call 24/7” and available to fly to Williamsburg at a moment’s notice if she is needed by her family.

When asked her perspective on how John has been doing since moving to Williamsburg full-time, she opined that he is “doing very well.” She described him as “a good worker,” “smart,” and “confident.” She said she has been “very proud” of his adjustment to the community “but not surprised by it.” Ms. Sims discussed John’s [REDACTED] as “something that suits him” and she believes him being “productive” and earning his own money for the first time in years has “done him a world of good; he is very happy with what he is doing.”

Ms. Sims stated John has been doing an “amazingly wonderful job taking care of” their mother. She described John as “very devoted to her” and “very patient with her.” She perceives John as being “happy” to be able to help their mother and be a part of her care. Ms. Sims noted her brother has never once complained about running errands for their mother or doing things for her around the house. When asked her thoughts about how John will handle their mother’s death, she said, “I really don’t have any specific concern. He’s in very good control of his emotions...certainly he will be sad, but I don’t think it will cause him to go into any dark place.” In her opinion, he will be “able to function properly through it.” Ms. Sims said the plan after her mother’s death is for her brothers to live together in a condo or apartment. She stated, “I think it’s a great plan.” According to Ms. Sims, her brothers “get along beautifully” and she believes it is good for them to “have each other for companionship.”

Finances have not been an area of concern for the family according to Ms. Sims. She said she is not aware of anyone “spending extravagantly” and her mother would bring to her attention any problems if there were any.

With regard to future hopes or goals for her brother John, Ms. Sims said she simply would “like to see him be happy.” She noted that his mood has seemed stable and “happy” when she speaks to him and that she does not “worry about him.” She opined that he is “suited to be where he is.”

8. Current Mental Status

Mr. John Hinckley, Jr. was a Caucasian male of average stature and above average weight who appeared his stated age. He was dressed appropriately and he evidenced adequate grooming. During the interview, Mr. Hinckley was alert and oriented to person, place, and time. Throughout the evaluation, he was calm, pleasant and cooperative with the evaluator. His eye contact was good. He demonstrated no significant psychomotor agitation. His rate, tone and volume of speech were normal. He has consistently demonstrated average to high average intellectual functioning on past formal testing and during the current evaluation his cognitive functioning appeared intact.

When asked to describe his mood, he stated “pretty good.” Throughout the evaluation, he demonstrated a full range of emotional expression that was appropriate to the conversation content. He did not demonstrate flat or blunted affect, as has been noted in prior evaluations. His thought processes were goal directed and flowed logically, with no evidence of abnormalities of perception, delusions (erroneous fixed beliefs) or grandiosity. He did not endorse experiencing auditory, visual, tactile or olfactory hallucinations during his lifetime. His judgment appeared non-impaired although it has historically been poor, particularly early in his hospitalization at SEH. His insight was good and according to records has been improving over recent years. He did not endorse any suicidal thoughts since 1983 or homicidal thoughts since the time of the instant offenses. He was able to report the names and dosages of his medications, as well as the purpose of his medications.

9. Current Psychiatric Medications

Zoloft® 125mg every morning/25mg every evening

Risperdal® 1mg every evening

10. DSM-5 Diagnoses

296.36 Major Depressive Disorder, Recurrent, In Full Remission

298.8 Other Specified Schizophrenia Spectrum and Other Psychotic Disorders

301.81 Narcissistic Personality Disorder

301.20 Schizoid Personality Disorder, premorbid

11. Risk Assessment

Actuarial Assessment of Violence Risk: VRAG-R

Actuarial assessments of risk give estimates of risk for general violence; they do not provide predictions of how serious the violent recidivism would be if it did occur.

Furthermore, assessments of risk are a measure of individuals' risk when they are given the opportunity to reoffend such as when placed in the community upon release, in a minimum-security psychiatric hospital or at a halfway house.

The VRAG-Revised⁵ was first published in 2013, with wider release in 2015, and is markedly different than its predecessor the VRAG. While it still utilizes a total of 12 items to rate risk for future violence, scoring on the VRAG-R gives more weight to charges for violent and non-violent offenses occurring prior to the index offense than its predecessor. In addition, rather than using the total score from the Psychopathy Checklist-Revised (PCL-R) it only takes into account scores on Facet 4 of the PCL-R, which includes items on Poor Behavioral Controls, Early Behavioral Problems, Juvenile Delinquency, Revocation of Conditional Release and Criminal Versatility. Finally, items pertaining to mental health diagnoses (i.e. Schizophrenia and Personality Disorders) were removed from the VRAG-R, as were items on victim gender and whether a victim was injured. These items were replaced with items regarding previous admissions to corrections facilities, sexual offending history and history of Conduct Disorder prior to age 15. Research on the VRAG-R has shown it to be slightly more accurate than the VRAG when assessing re-offense opportunity over periods of less than 25 years; it has been demonstrated to be as accurate as the VRAG for periods over 25 years.

Consistent with Dr. Murphy's evaluation in 2015, Mr. Hinckley's score on the VRAG-R was -22, placing him the 2nd category of 9 total risk levels (with the 9th category being highest risk). Offenders in this category violently recidivated at an average rate of 12% over five years and 24% over twelve years. This places him at a low likelihood of recidivism compared to violent offenders generally. Given the standard error of measurement (SEM) for the VRAG-R (+/- 2.19 points), Mr. Hinckley's risk score could be as low as -24 or as high as -20, with the former score moving him down to the 1st risk category with an average rate of violent recidivism of 9% over five years and 15% over twelve years.

Follow-up research on the VRAG-R has demonstrated lower recidivism rates across all nine risk levels as time in community offense-free increases. The authors of the VRAG-R suggest adjusting expected recidivism rates .10 lower for each year an individual resides in the community without re-offending. However, it must be noted that Mr. Hinckley's case differs significantly from the population on which the VRAG-R was normed: He remained on inpatient status over 34 years as compared to the population sample average of four years and although he was given access to the community beginning in 1999, he was frequently observed by the Secret Service and the majority of his community access was supervised by his parents or treatment providers. However, even conservatively adjusting Mr. Hinckley's VRAG-R scores for only the past two years of full-time access to the community results in expected recidivism rates consistent with the lowest category of risk (i.e. 7-19%).

1. Lived with both biological parents to age of 16 (yes) = -2

⁵ Harris, G.T, Rice, M.E., Quinsey, V.L., Cormier, C.A. (2015). **Violent Offenders: Appraising and Managing Risk, Third Edition**. Washington, DC: American Psychological Association.

2. Elementary school maladjustment (no)	=	-3
3. History of alcohol or drug problems (0 out 6)	=	-2
4. Marital status (never married)	=	+1
5. Criminal history score for nonviolent offenses prior to the index offense (score of 1)	=	-1
6. Failure on prior cond. release (no)	=	-2
7. Age at index offense (26)	=	+1
8. Criminal history score for violent offenses prior to the index offense (score of 0)	=	-2
9. Number of prior admissions to correctional institutions (0)	=	-2
10. Conduct Disorder before age 15 (0 point)	=	-2
11. Sex offending history (no known hands-on offenses)	=	-2
12. PCL-R Facet 4 score (score of 0)	=	-6

TOTAL VRAG-R SCORE = -22

Structured Professional Judgment of Risk Factors: HCR-20 Version 3

In order to further delineate and describe the risk level Mr. Hinckley may pose, he was rated on the 20 items of the HCR-20 Version 3⁶. The HCR-20 is the most widely used violence risk assessment measure at present. The HCR-20 is considered to be a structured professional judgment model of risk. By its design as a structured professional judgment method of assessment, this method does not provide specific classifications or normative data. What is thought to be important in using the HCR-20 is the evaluator's judgment of risk, not a score or actuarial assessment, as was utilized in the VRAG-R. The HCR-20 allows the evaluator to rate risk on 20 items that pertain to an offender's past (H - Historical), present (C - Clinical), and assessed future (R - Risk) functioning. Items are scored according to whether the item description does not match the person who is being evaluated (a No rating), matches to some extent (rating of Possible), or matches the individual considerably or well (rating of Yes). Further, the HCR-20 includes a rating of the Relevance of each item to the current assessment of risk and development of risk management strategies (either Low, Moderate or High). The HCR-20 rating scheme allows the evaluator to rate the five Risk items under scenarios of whether the offender is in a restricted environment (IN) or allowed to reside in the community (OUT). Finally, descriptive risk ratings of Low, Moderate or High are marked for each of three categories: Future Violence/Case Prioritization, Serious Physical Harm, and Imminent Violence.

Mr. Hinckley's ratings on the HCR-20v3 fall in the low range of risk for Future Violence, Serious Physical Harm and Imminent Violence.

My ratings of Mr. Hinckley on these items is listed in the below table.

ITEM	RATING	RELEVANCE
H1. Violence	Y	High
H2. Other Antisocial Behavior	N	Low

⁶ Douglas, K.S., Hart, S.D., Webster, C.D., Belfrage, H. (2013). **HCR-20^{v3}: Assessing Risk for Violence**. Vancouver, Canada: Mental Health, Law and Policy Institute: Simon Fraser University.

H3. Relationship Instability	Y	Moderate
H4. Employment Problems	Y	Moderate
H5. Substance Use Problems	N	Low
H6. Major Mental Disorders	Y	High
H7. Personality Disorder	Y	Moderate
H8. Traumatic Experiences	N	Low
H9. Violent Attitudes	N	Low
H10. Treatment Response	Y	Moderate
C1. Lack of Insight	N	Low
C2. Violent Ideation or Intent	N	Low
C3. Active Symptoms of Major Mental Illness	N	Low
C4. Instability	N	Low
C5. Treatment or Supervision Response	N	Low
	OUT	
R1. Professional Services and Plans	P	Moderate
R2. Living Situation	P	Moderate
R3. Personal Support	P	High
R4. Treatment or Supervision Response	N	Low
R5. Stress or Coping	N	Low

The following HCR-20v3 factors have been identified as potentially increasing Mr. Hinckley's risk for future violence:

History of Violence/Access to Weapons

Mr. Hinckley's instant offenses were his first serious acts of violence and increase his risk for future violence. However, he has not engaged in any further acts of violence since the instant offenses, nor has he evidenced any other antisocial behaviors. Mr. Hinckley's past acts of violence occurred in the context of a lengthy period of serious mental illness, marked by prolonged social isolation, depression and grandiose delusions. However, these symptoms of mental illness have been in remission for decades (see next section).

Mr. Hinckley committed his violent acts using firearms he had spent several months acquiring. There is no indication Mr. Hinckley has sought access to weapons since the instant offenses and both his mother and brother report that there are no firearms in his residence, in compliance with his court order.

Major Mental and Personality Disorders

Mr. Hinckley is diagnosed with Major Depressive Disorder (MDD), Other Specified Schizophrenia Spectrum and Other Psychotic Disorders (i.e., Psychotic Disorder NOS), and Narcissistic Personality Disorder. His major depressive and psychotic disorders have been in full and sustained remission for over 30 years. In addition, Mr. Hinckley has not verbalized or shown evidence of suicidal ideation since 1983, when he last attempted suicide. Although Mr. Hinckley has demonstrated some fluctuations in mood in the past, this has primarily occurred in the context of stressful life events. Mr. Hinckley has not had any notable periods of low mood or hopelessness since his release on convalescent

leave. In fact, his treatment team and family have noticed marked improvements in his mood and emotional expression; he was repeatedly described as appearing “happy” and having “blossomed” since his discharge on convalescent leave.

As previously noted, the death of Mrs. Hinckley has the potential to be traumatic for Mr. Hinckley when it occurs. However, he has managed other significant losses (e.g. death of his father) appropriately, demonstrating normal bereavement reactions rather than symptoms of a major depressive episode. It is evident that Mr. Hinckley has thought about his mother’s death and has been preparing himself for its eventuality through discussions with his treatment team and members of his therapy group, as well as planning for future housing. Furthermore, he described trying to make the most of his time with his mother by taking care of her and providing for her comfort, in part, to reduce feelings of regret and/or guilt after her death. In addition, he has previously informed his SEH treatment providers when he was experiencing increased anxiety and requested changes in medication to manage his mood symptoms. Therefore, he is likely to reach out to his treatment team in the future should he experience an increase in anxiety or depressive symptoms in the context of his mother’s death or any other stressful life event.

Although Mr. Hinckley is diagnosed with Narcissistic Personality Disorder, treating providers and other evaluators have noted that Mr. Hinckley’s narcissism has been significantly attenuated over the past three decades. Consistent with prior risk assessments, there were no overt signs of this disorder present during the current evaluation. Furthermore, as noted by other evaluators, Narcissistic Personality Disorder is not by itself directly correlated in the scientific literature with increased risk for violence. Rather increased risk is associated with antisocial personality traits and characteristics of hostility and dominance, which are not demonstrated by Mr. Hinckley.

Relationship Instability

As previously noted, Mr. Hinckley did not have a history of reciprocal romantic relationships prior to the instant offenses. Furthermore, his obsession with Jodie Foster, and related grandiose delusion of winning her love and respect, was related to his conduct in the instant offenses. While he engaged in several romantic relationships while hospitalized, with his most significant and longest-lasting relationship being with [REDACTED] he has not been involved in a romantic relationship for several years. However, over time Mr. Hinckley has demonstrated increased insight into his relationships with women and has exercised better judgment with regard to these relationships over the past two years. His evolving acceptance of the treatment team’s views on [REDACTED] demonstrates his improved judgment, as did his decision to distance himself from [REDACTED] as she continued to use substances.

Although, after over three decades of institutionalization, Mr. Hinckley still needs to improve his social skills, particularly with regard to establishing romantic relationships, he recognizes a need to make improvements in this area, has demonstrated a willingness to work on these skills with his treatment team and has sought out their guidance and advice. Despite, at times, engaging in ineffective communication strategies, there is no evidence

that Mr. Hinckley has interacted inappropriately with women and there is no evidence he is experiencing any obsessions or delusions relating to women.

Treatment Response - Minimization/Deception

Mr. Hinckley has a lengthy history of minimizing negative emotions, engaging in deceptive behavior and failing to report pertinent information (i.e., being secretive) to his treatment team, particularly early in his hospitalization as it related to his relationships with women and correspondence with others. However, there have been no documented incidents of deceptive behavior since 2011, when Mr. Hinckley lied on two occasions about his whereabouts. In addition, since his discharge from SEH in 2016, there have been no reports he has failed to comply with the conditions of his release. In fact, family and treatment providers have commended Mr. Hinckley for his rigid adherence to the rules set out in his court order, particularly with regard to the travel restrictions. Mr. Hinckley has maintained a daily log, as instructed by the court, and has consistently reported on his activities to Mr. Weiss and Dr. Johnson. He has also developed productive relationships with the members of his treatment team, who have noted his honesty and increasing openness during both individual and group sessions.

Insight

Poor insight has historically been a risk factor for Mr. Hinckley and was clearly present throughout the first two decades he was at SEH. However, through years of individual and group therapy, Mr. Hinckley has increasingly demonstrated improved insight into his emotions and behaviors. He reflects on feedback provided by his treatment team and incorporates it in his decision-making, most notably in regard to his relationships with women. Although Mr. Hinckley occasionally exhibits errors in judgment (e.g., approaching a woman in his therapy group outside of group), his insight, overall, is quite good and is not presently a risk factor.

Professional Plans and Services

It is anticipated that Mr. Hinckley will experience changes in the composition of his treatment team and level of care over the next two years. However, he has managed previous changes of treatment providers well, without signs of psychiatric decompensation, and it is not expected that these upcoming changes will result in an increase in his risk. However, steps should be taken to mitigate risk by making changes gradually and overlapping transitions between current and new providers when possible.

Living Situation

Mr. Hinckley's current living situation is stable and also provides a source of socialization for him, particularly since his brother moved into the home in June 2017. His brother's presence and willingness to continue to reside with Mr. Hinckley after their mother's death also increases the long-term stability of his living situation, reducing Mr. Hinckley's future risk. However, there is also some uncertainty with regard to Mr. Hinckley's current plans for his future living situation as he would need to locate a new residence and move within a 60-day period while grieving the loss of his mother, who is a significant source of emotional support for him. While it is understandable that Mr. Hinckley does not want to move from his mother's home prior to her death, both due to his role as her caretaker and

the increased costs associated with living independently, it may provide increased long-term stability for Mr. Hinckley to obtain his own residence (either with or without his brother) prior to Mrs. Hinckley's death.

Personal Support

Mr. Hinckley's family continues to be extremely supportive of him, both emotionally and financially, and have expressed willingness to continue to be very involved in his life. Mr. Scott Hinckley moved to Williamsburg in June 2017 and has repeatedly expressed his intent to continue living with his brother in Williamsburg after their mother's death. Both brothers and the treatment team reported that Scott and John's relationship has grown much closer over the past year and they now routinely spend time together both running errands and attending community events. Diane Sims, Mr. Hinckley's sister, calls on a weekly basis and has also indicated she is available to travel to Williamsburg as needed to assist Mr. Hinckley and/or their mother. With regard to financial support, although the family is on a budget, they all stated they are comfortable with the current manner in which expenses are shared. Scott Hinckley also indicated he will be able to contribute to the cost of either purchasing or renting a residence with his brother in the future. In addition, Mr. Hinckley's benefits, income from his [REDACTED] and ability to save up to \$14,000 per year through his ABLE account increases his financial stability.

In addition to family support, Mr. Hinckley has also begun to establish relationships in the community through his business endeavors, attendance at NAMI meetings, group therapy and introductions made by Mr. Weiss. However, both Mr. Hinckley and his treatment team agree that this is an area in which Mr. Hinckley needs to continue to make progress.

Social Isolation

While social isolation is not a risk factor specifically delineated on the HCR-20v3, it is related to relationship instability, employment instability, and personal support and has been identified as a specific risk factor for psychiatric decompensation for Mr. Hinckley.

Although members of the treatment team have questioned Mr. Hinckley's motivation to engage in community activities, there is substantial evidence that Mr. Hinckley has been making concerted efforts to increase his level of socialization, including striking up conversations with people he has met at the grocery store, thrift store, coffee shop and in his [REDACTED] developing what his brother described as a "cordial" relationship with employees at [REDACTED]; attending NAMI meetings and continuing to make an effort to attend meetings even when group membership dwindled; participating actively in group therapy; and attending concerts with his brother. The presence of Mr. Scott Hinckley in Williamsburg has clearly helped to decrease Mr. Hinckley's isolation, as they frequently run errands and attend community events (e.g. outdoor concerts, baseball games) together.

Mr. Hinckley has expressed a desire to develop close friendships and a romantic relationship, both of which he admitted are lacking in his life. However, his notoriety in the community continues to be a barrier to socialization, as recently demonstrated by his female [REDACTED] reaction upon learning of his identity. Repeated social rejection has

certainly impacted the manner in which Mr. Hinckley engages with others and led him to feel some trepidation when he is encouraged by his treatment team to participate in community events on his own. In addition, over the past two years Mr. Hinckley has lost several friends due to suicide (██████), life changes (██████) and illness (██████). Despite these losses, he continues to reach out to others, attempting to develop new friendships and establish a romantic relationship. Finally, although Mr. Hinckley's interest in music and art has been a point of connection for him in the past through his relationships with ██████ and ██████ his motivation to engage in artistic pursuits has diminished over the past two years. This lack of motivation has been attributed to his frustration with his inability to share his work and obtain feedback from a broader audience, which is unfortunate for Mr. Hinckley as it represents a lost opportunity for him to increase socialization through shared interests with others.

Currently, Mr. Hinckley is not displaying signs of the isolative behavior that marked the years prior to the instant offenses and contributed to his psychiatric decompensation and psychosis. He appears very engaged in his business endeavors and has welcomed the opportunity to become a productive member of the community through the ██████████. Although he does not take advantage of all opportunities for social engagement suggested by his treatment team, he has clearly made efforts to socialize with members of the community and has attended some events when he feels comfortable doing so (e.g., after he has attended an event at least once with a treatment team provider).

12. Conclusions and Risk Management Recommendations

Consistent with prior evaluations, Mr. Hinckley's scores on actuarial and structured professional judgment risk tools suggest there is a low likelihood he will re-offend with a violent crime over the long term. His potential to act out violently is primarily associated with prolonged social isolation, major depressive episodes and psychosis marked by grandiose delusions. However, his psychiatric symptoms have been in remission for over three decades and he has demonstrated significant improvements in his response to treatment, including improved insight and judgment. Given the stability in his psychiatric symptoms and excellent adjustment to the community over the past two years, his level of risk is primarily due to static historical factors that are relatively stable and not expected to change over time.

As already noted, the primary contextual factors associated with Mr. Hinckley's previous acts of violence are:

- a. Grandiose delusions
- b. Social isolation
- c. Deceptive behavior
- d. Suicidal thinking
- e. Weapons access

It is my opinion, in concordance with prior risk assessment evaluators, that Mr. Hinckley is at low risk for another psychotic episode, as onset would follow a lengthy period of social isolation concomitant with other depressive symptoms. As such, any relapse of

major mental illness would be gradual, allowing for detection by treatment providers and/or family members.

Recommendations

In accordance with the conditional release goal of assisting Mr. Hinckley with rehabilitation and reintegration into the community while maintaining both his safety and the safety of the community, it is recommended that conditions set forth in the July 27, 2016 order for convalescent leave remain in place with the exception of the following modifications:

1. It is recommended that Mr. Hinckley reduce his visits to the FOPD at 35 K Street NE, Washington DC from every month to every other month for monitoring of his mental condition and compliance with the conditions of his release. Dr. Johnson may increase Mr. Hinckley's visits to FOPD as clinically indicated (e.g., following Mrs. Hinckley's death or while transitioning to a new psychiatrist in Williamsburg), with notification to the court. During the first six months after reducing his appointments at the FOPD, Dr. Johnson will continue to conduct weekly telephone calls to assess the status of risk factors and document her calls in monthly progress reports. After six months, Dr. Johnson may decrease the frequency of telephonic contact to twice monthly, at her discretion, as already permitted by the current court order.

Although Dr. Johnson expressed concern that Mr. Hinckley may decrease his social engagement and continue to demonstrate lack of motivation without consistent contact with the FOPD, it is my opinion that his treatment team plays a much more significant role in encouraging Mr. Hinckley's increased socialization than does Dr. Johnson. However, FOPD plays an important role in assessing risk and ensuring Mr. Hinckley's compliance with his court order, particularly given the lack of forensic experience in the treatment team (with the exception of Dr. Giorgi-Guarnieri who will be stepping down in the next year). Nevertheless, it is my opinion that after two years of strict adherence to the conditions of his release, significant progress in achieving his community integration objectives and the long-term stability in his mental condition it will not increase Mr. Hinckley's risk to reduce his contact with FOPD over the course of the next year.

2. With the approval of his treatment team, it is recommended that Mr. Hinckley be permitted to physically display his artwork and/or photography in public forums and share music created by him via the internet, with the caveat that steps should be taken to ensure the displays are anonymous and there is no financial benefit associated with the activities.

Granting increased freedom and flexibility in this area should be viewed as a balance between the clinical benefit associated with Mr. Hinckley sharing his artistic works and the risk of fame-seeking and/or increased notoriety. The court, the FOPD, and the treatment team have expressed concerns regarding the media and/or public's reaction if Mr. Hinckley's work were to be identified by the media

and/or members of the public. Consistent with the views of the treatment team, it is my opinion that the clinical benefit of providing an emotional outlet for Mr. Hinckley and increasing his opportunities for social connection substantially outweighs the risk of increasing his narcissism, which has not been apparent in many years. In addition, it is my opinion that the risk to Mr. Hinckley is low should there be a negative outcry. Over the past two decades, Mr. Hinckley has weathered negative scrutiny by both the media and the public without any incidents of attempted malice or violence against him, including after the death of President Regan, the death of James Brady, and following his release on convalescent leave. Furthermore, although he has been rejected on numerous occasions by the community, he has not exhibited feelings of hopelessness or depression nor has he self-isolated or retaliated in response to these rejections. In fact, Mr. Hinckley has continued to make efforts to be a productive member of the Williamsburg community through his business and attendance at public events. Finally, despite receiving praise and accolades for the quality of his artistic work and the success of his business, Mr. Hinckley has not been observed bragging about his success nor have any overt signs of narcissism been observed in him by his treatment team. Therefore, as long as Mr. Hinckley is not seen to financially benefit from the display of his artistic works and efforts are made to ensure the displays are anonymous, it is my opinion that there is low risk to the personal safety of Mr. Hinckley and low risk for increasing Mr. Hinckley's narcissism if he is permitted to display his artistic work.

With regard to participating in public musical performances, it is my opinion that Mr. Hinckley should continue to be restricted from engaging in this activity but that this condition be reassessed after a minimum of a one-year period in which Mr. Hinckley has been allowed to display his artistic work anonymously. This will allow for observation of Mr. Hinckley as he is permitted increased freedom to express his artistic talents, while also allowing more time for Mr. Hinckley to integrate into the community prior to engaging in performances in a public forum.

3. Consistent with the current court order, it is recommended that Mr. Hinckley be permitted to reside in a separate residence in the community, either independently, should he choose to do so, or with his brother, Scott Hinckley. The residence should be within 50 miles of Williamsburg⁷; allowing Mr. Hinckley to reside outside the immediate Williamsburg area would open up lower-cost housing options in neighboring communities which may not be available in Williamsburg. However, it is preferable that the residence be no further than 30 miles from Mr. Hinckley's treatment providers. The residence must be approved by his treatment team and Dr. Johnson in advance. Given Mr. Hinckley's desire to live with his mother until her death and will be required to move out of her home within 60 days after her death, it is recommended that a budget for his housing and short-term rental options be identified in advance (e.g., low cost apartment complexes). Finally, it is recommended that the court remove the condition requiring Mr. Hinckley to return

⁷ This provision assumes the recommendation in Item 4 is approved by the court.

to inpatient status at SEH if either Ms. Diane Sims or Mr. Scott Hinckley are not present in Williamsburg.

Over the past two years, Mr. Hinckley has demonstrated he is very capable of managing his affairs independently. Not only has he remained in stable mental condition during his transition to full-time living in Williamsburg, he has reportedly thrived in the community. Mr. Hinckley has started his [REDACTED], which he has run successfully for nearly a year. He has applied for, and received, benefits and has become his own payee. He had not only shown a strong sense of personal responsibility and accountability in adhering to the conditions of his release but has also become the primary caregiver for his aging mother. His brother and sister both commend him for the care and support he provides for their mother and expressed no concerns for their brother's ability to live independently. Therefore, it is my opinion that allowing Mr. Hinckley to reside in his own residence in the community will not substantially increase his risk.

4. It is recommended that Mr. Hinckley be permitted to drive unaccompanied within 75 miles of his home in Williamsburg, VA, unless he is traveling to Washington, DC for the purpose of a scheduled appointment with FOPD. It is recommended he be allowed to travel up to 100 miles from his home with a family member or member of his treatment team. Mr. Hinckley should continue to be restricted from traveling "to areas where the current or former Presidents, Vice Presidents, members of Congress, senior members of the Executive Branch, or any US Secret Service protectee are or will be present imminently," as described in the July 27, 2016 court order.

The July 27, 2016 court order identifies a "thirty mile radius of Williamsburg, Virginia" for independent travel, which has been interpreted by Mr. Hinckley and his treatment team as point-to-point mileage rather than as the radius identified in Dr. Murphy's 2015 risk assessment. This appears to be due to the difficulty in quantifying a radius as opposed to point-to-point mileage.

Mr. Hinckley's desire to strictly adhere to the mileage limitation has caused him some stress and also has limited his ability to attend cultural, athletic and social events in the area surrounding Williamsburg. Over the past two years, Mr. Hinckley has demonstrated responsibility and reliability in traveling independently within 30 miles of his home in Williamsburg. In addition, he has shown no interest in traveling to government buildings and has not traveled near restricted individuals. Increasing the distance Mr. Hinckley is permitted to travel independently will allow him to visit Norfolk, Richmond and Virginia Beach, while still restricting him from traveling to Washington, DC independently outside of his scheduled FOPD appointments. It will open up new areas for him to procure products for his business, as well as increase opportunities for socialization and spontaneity.

5. It is recommended that the court remove the requirement for Mr. Hinckley to complete a daily log of his activities while on convalescent leave. The log is

redundant with the requirement for Mr. Hinckley to report his activities to Dr. Johnson and Mr. Weiss. Although it initially served as a tool to support Mr. Hinckley's disclosure of activities, there have not been any reports of problems with Mr. Hinckley's level of disclosure nor have any inconsistencies between his report and his observed activities been identified by Dr. Johnson, Mr. Weiss or the Secret Service according to available records. Therefore, it is my opinion that removing the requirement to complete a daily log will not increase the risk for deceptive behavior by Mr. Hinckley and that continued verbal reporting to Mr. Weiss and Dr. Johnson will be sufficient to promote accountability.

6. Mr. Hinckley is currently permitted access to the internet with limitations, which he has adhered to during his release on convalescent leave. During the first 18 months of his convalescent leave, Mr. Hinckley utilized the internet to [REDACTED] for the [REDACTED] as a volunteer activity and later [REDACTED] anonymously through [REDACTED] as a side business. Mr. Hinckley now requests permission to sell items [REDACTED]. If Mr. Hinckley maintains his anonymity, similar to his past business [REDACTED] through [REDACTED], I do not believe it would increase his risk to sell items from his [REDACTED] [REDACTED]. However, before releasing any website he develops [REDACTED] the website should be approved by the treatment team and Dr. Johnson.
7. Although no immediate changes are recommended in the roles and responsibilities of the current treatment team, it is recommended that they begin transfer of Mr. Hinckley's treatment to Colonial Behavioral Health over the next 12-18 months. Dr. Giorgi-Guarnieri has already provided notice of her intent to step down as Mr. Hinckley's psychiatrist at the end of 2019 or early 2020. It has also been suggested that Mr. Weiss and Mr. Beffa are both planning to enter full retirement in the next few years. Given that there are no board-certified forensic psychiatrists in private practice in Williamsburg to provide care for Mr. Hinckley, he would either need to travel to Portsmouth or Virginia Beach for psychiatric appointments or receive care from a forensically-trained, but not board-certified, forensic psychiatrist at Colonial Behavioral Health. Alternatively, a psychologist with forensic training/board-certification could be located and join the treatment as Mr. Hinckley's individual therapist. However, it is my opinion that transfer to the public mental health system would make future transitions easier, as Mr. Hinckley's treatment team would continue to be composed by providers from Colonial Behavioral Health rather than new private practice providers needing to be located each time a member of the treatment team retires or relocates. This, in turn, would increase the stability of Mr. Hinckley's professional services. In addition, although it may be possible to form another private treatment team for Mr. Hinckley, the out of pocket costs associated with private case management and music therapy services may not be sustainable over the long-term for Mr. Hinckley. Finally, Mr. Hinckley's community reintegration continues to progress and as he develops more relationships in the community and maintains clinical stability his need for the level of care currently provided by his treatment team is likely to decrease.

Therefore, it is my opinion that, despite the fact that Colonial Behavioral Health will be unable provide the level of support offered to Mr. Hinckley by his current treatment team⁸ it offers the best option to compose a treatment team with some forensic background without necessitating significant travel time or expense for Mr. Hinckley.

As already noted, it is not expected that Mr. Hinckley will decompensate psychiatrically if transitioned to a new treatment team in light of the fact that he has experienced many transitions in his treatment providers over the nearly four decades he has been in care without decompensating. However, the transition should occur allowing for overlap with his current treatment providers. In addition, treatment providers and Dr. Johnson should increase Mr. Hinckley's appointments during the transition, as clinically indicated, to appropriately assess his adjustment.

Treatment Objectives

Mr. Hinckley has met all the community reintegration objectives outlined by Dr. Murphy in her 2015 risk assessment including:

- 1.) Applying for health care entitlements;
- 2.) Researching housing options in the Williamsburg area;
- 3.) Obtaining consistent employment; and
- 4.) Locating a primary care physician in Williamsburg.

Mr. Hinckley has made significant strides over the past two years in community reintegration and increased socialization, particularly through his [REDACTED]. In addition, his treatment providers and family have remarked on the improvement in his ability to express his emotions in an open, honest manner. However, Mr. Hinckley should continue progress toward the following psychiatric treatment objectives:

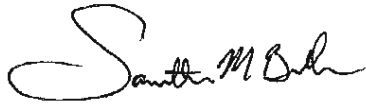
- 1.) Utilize the treatment team and therapy group as a resource in decision-making while developing intimate relationships and as support in establishing and maintaining close friendships;
- 2.) Maintain direct, honest communication with his treatment team, family members and friends; and
- 3.) Increase socialization through community engagement and participation in leisure and educational activities.

13. Limits on Conclusions Reached and Interpretation of Data

This report is based on a large amount of information obtained from multiple sources. I believe that all information contained herein is accurate and provides an adequate basis to form both clinical and forensic opinions. However, if any information is substantially inaccurate, I would appreciate it if this were immediately called to my attention. In addition,

⁸ While Colonial Behavioral Health would be able to provide monthly psychiatric appointments and weekly individual and/or group therapy, the level of interaction provided by Mr. Weiss (e.g., attending baseball games and community events with Mr. Hinckley) is unlikely to be available through case management services at Colonial Behavioral Health due to limited staffing resources.

should I learn of any additional new information which casts substantial doubt upon either my clinical or forensic opinions, I will immediately notify the FOPD and write an addendum to this report.



Samantha M. Benesh, Psy.D., ABPP
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Partner, Benesh & Yeaw Consulting LLC

7/27/2018

Date